

AD_____

Award Number: W81XWH-12-1-0139

TITLE: Loss of PEDF: A Novel Mechanism of Antihormone Resistance in Breast Cancer

PRINCIPAL INVESTIGATOR: Dr. Joan Lewis-Wambi

CONTRACTING ORGANIZATION: University of Kansas Medical Center Research Institute, Inc.
Kansas City, KS 66103-2937

REPORT DATE: August 2014

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;
Distribution Unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

REPORT DOCUMENTATION PAGE				Form Approved OMB No. 0704-0188	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.					
1. REPORT DATE August 2014		2. REPORT TYPE Annual		3. DATES COVERED 1Aug2013-31Jul2014	
4. TITLE AND SUBTITLE Loss of PEDF:A Novel Mechanism of Antihormone Resistance in Breast Cancer				5a. CONTRACT NUMBER	
				5b. GRANT NUMBER W81XWH-12-1-0139	
				5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S) Dr. Joan Lewis-Wambi E-Mail: jlewis-wambi@kumc.edu				5d. PROJECT NUMBER	
				5e. TASK NUMBER	
				5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) University of Kansas Medical Center Research Institute, Inc. Kansas City, KS 66103-2937				8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012				10. SPONSOR/MONITOR'S ACRONYM(S)	
				11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION / AVAILABILITY STATEMENT Approved for Public Release; Distribution Unlimited					
13. SUPPLEMENTARY NOTES					
14. ABSTRACT Our laboratory has identified a novel protein called pigment epithelium derived factor (PEDF) that appears to be suppressed/silenced in endocrine resistant breast cancer. Specifically, we have found that PEDF protein level is significantly reduced in tamoxifen-resistant breast tumors and breast cancer cells. PEDF is a multifunctional glycoprotein that is known to have potent antiangiogenic activities and has recently been shown to have antitumor properties. However, its role in endocrine resistance has never been studied. We hypothesize that loss of PEDF expression in breast cancer is a novel mechanism for the development of endocrine resistance. Hence, the objective of our study is to characterize the role of PEDF in endocrine resistance and elucidate its mechanism of action in endocrine resistance using cell and animal models. We propose three specific aims: 1) Elucidate the mechanism(s) by which loss of PEDF confers resistance to endocrine therapy and its reexpression resensitizes resistant cells to the inhibitory effects of antihormones; 2) Study the role of ERα in PEDF regulation in endocrine sensitive and endocrine resistant breast cancer cells; and 3) Determine the effect of PEDF overexpression on endocrine resistant breast cancer cell growth in athymic mice and elucidate its mechanism of action in vivo.					
15. SUBJECT TERMS: none listed					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT Unclassified	18. NUMBER OF PAGES 31	19a. NAME OF RESPONSIBLE PERSON USAMRMC
a. REPORT Unclassified	b. ABSTRACT Unclassified	c. THIS PAGE Unclassified			19b. TELEPHONE NUMBER (include area code)

TABLE OF CONTENTS

	<u>Page</u>
1. Introduction	4
2. Keywords	5
3. Body	5-9
4. Key Research Accomplishments	9-10
5. Conclusion	10
6. Publications, Abstracts, and Presentations	10-11
7. Inventions, Patents and Licenses	11
8. Reportable Outcomes	11
9. Other Achievements	11
10. References	12
11. Appendices	12

INTRODUCTION: The majority of breast cancers require estrogen for proliferation and survival, hence, the most effective strategy to treat the disease is to deprive the cancer cells of estrogen using antihormonal therapies. Antihormonal drugs such as tamoxifen and aromatase inhibitors are the most effective drugs used to treat patients with estrogen receptor (ER α)-positive breast cancer. Unfortunately, as with all systemic therapies for breast cancer, resistance typically develops with prolonged treatment. The mechanism by which tumors develop resistance to antihormones is still not completely known. The possibility of identifying new targets for therapy in resistant disease, or patients, who may benefit from additional treatment with existing therapies, provides a strong impetus to identify markers and mediators of therapeutic resistance. Our laboratory has recently identified pigment epithelium derived factor (PEDF) as an important gene that is loss or significantly down-regulated in tamoxifen resistant breast tumors and resistant breast cancer cells and the reexpression of PEDF in resistant cells resensitizes them to tamoxifen. PEDF is a glycoprotein that possesses potent antiangiogenic and antitumor activities; however, its role in endocrine resistance has never been examined. The goals of this proposal are to study the role of PEDF in endocrine resistance and to assess the therapeutic potential of PEDF as a novel treatment option for endocrine resistant disease. *We hypothesize that loss of PEDF expression in breast cancer is a novel mechanism for the development of endocrine resistance. Furthermore, we propose that ER α plays an important role in silencing PEDF expression in resistant cells.* To achieve our objectives we have proposed three specific aims: **1)** Elucidate the mechanism by which loss of PEDF confers resistance to endocrine therapy and its reexpression resensitizes resistant cells to the inhibitory effects of antihormones. **2)** Study the role of ER α in PEDF regulation in endocrine sensitive and endocrine resistant breast cancer cells. **3)** Determine the effect of PEDF overexpression on endocrine resistant breast cancer cell growth in vivo and elucidate the mechanism of action of PEDF in vivo. Successful completion of our proposed studies have the potential to significantly advance the understanding of endocrine resistance in breast cancer and will help to validate the therapeutic potential of PEDF as an alternative treatment option for patients whose disease is resistant to TAM or AIs and whose only recourse is chemotherapy.

KEYWORDS: Breast cancer, endocrine resistance, PEDF, tamoxifen, antihormones, estradiol, aromatase inhibitors; antiangiogenic, fulvestrant, small interfering RNA, antihormonal therapy

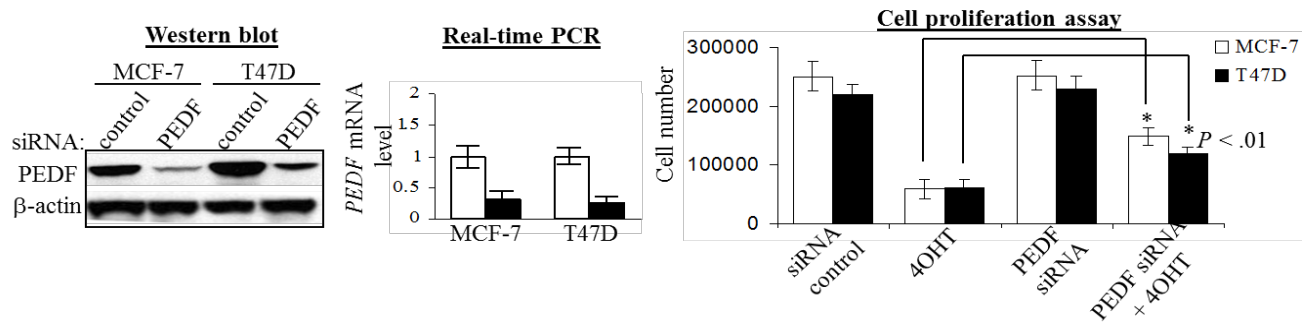
OVERALL PROJECT SUMMARY: The current progress report covers the time period from **January 1st 2013 to August 31st 2014**. Please note that due to family reasons, I left Fox Chase Cancer Center (FCCC) on December 31st 2012 and accepted a faculty position at the University of Kansas Medical Center (KUMC) where I am currently an Assistant Professor in the Cancer Biology Department. Prior to leaving Fox Chase Cancer Center, I completed all of the proposed experiments for Task 1 as stated in my SOW and I submitted a progress report on **May 31st, 2013** based on that time period. For convenience, I have included those data (Figures 1 and 2) again. I have also completed all of the experiments proposed for Task 2 and I am currently working on completing Task 3. I have recently been granted a 1 year no-cost extension on my grant which was scheduled to end July 31st 2014. The reason I requested a 1 year extension was because I loss significant time during my transition to KUMC and my request to transfer my grant from Fox Chase Cancer Center to KUMC was not approved and completed until September 2013. Despite these changes, I have made significant progress and have completed all of the experiments proposed in Aims 1 and 2 and I have started working on the experiments proposed in Aim 3 as described in my statement of works. The results from the completed tasks are shown below.

Task 1: Elucidate the mechanism(s) by which loss of PEDF confers resistance to endocrine therapy and its reexpression resensitizes resistant cells to the inhibitory effects of antihormones. (Months 0-8)

Summary of Task 1: To determine whether PEDF silencing or its overexpression alters tamoxifen sensitivity in breast cancer cells, we performed the following experiments. In Task 1a, we used siRNA knockdown to suppress PEDF expression in tamoxifen sensitive MCF-7 and T47D breast cancer cells to ask the question whether the presence of PEDF is important for sensitizing breast cancer cells to the anti-proliferative effects of tamoxifen. Based on the results shown in Figure 1a, we found that suppression of PEDF mRNA and protein expression in endocrine sensitive MCF-7 and T47D breast cancer cells significantly reduced their sensitivity to tamoxifen. Specifically, we found that the ability of tamoxifen to reduce the proliferation of MCF-7 and T47D cells was reduced by 40-50% compared to the control cells, thus suggesting that the presence of PEDF in breast cancer cells sensitizes them to the inhibitory effect of tamoxifen. We further confirmed the importance of PEDF in tamoxifen sensitivity by developing a tetracycline inducible lentivirus system that allowed us to conditionally overexpresses PEDF in two resistant breast cancer cell lines (MCF-7:5C and BT474) in the presence of doxycycline. Figure 1b shows that reexpression of PEDF in the resistant cells almost completely reversed tamoxifen resistance in these cells. Specifically, we found that tamoxifen reduced the growth of 5C-PEDF-LV and BT474-PEDF-LV breast cancer cells by 70% and 50%, respectively, whereas it had no inhibitory effect on resistant MCF-7:5C and BT474 cells which lack PEDF, thus confirming its role in tamoxifen sensitivity. We also investigated the mechanism by which PEDF reverses tamoxifen resistance in our endocrine resistant breast cancer cells and we found that the presence of PEDF blocked the ability of the receptor tyrosine kinase RET to phosphorylate and activate the estrogen receptor protein. PEDF also suppressed AKT and mTOR activation in the resistant cells (Figure 2a & 2b). These findings were recently published in *Breast Cancer Research* (Jan et al. Breast Can. Res. 2012; 14(6):R146; please see appendices for a copy). The experimental details for Task 1 are shown below.

Task 1-2: *Determine whether altering PEDF expression affects crosstalk between ER α and RET in parental MCF-7 cells and endocrine resistant MCF-7:5C cells.* For Task 1-2, we measured the expression of PEDF, ER α , RET, and several other downstream signaling proteins in parental **MCF-7** cells which express measurable level of PEDF; resistant **MCF-7:5C** cells which express very little PEDF; and **5C-PEDF** cells which stable overexpress PEDF. We found that stable reexpression of PEDF in resistant 5C cells (5C-PEDF) dramatically reduced ER and RET expression in these cells (Fig. 2a) and exogenous addition of recombinant PEDF also reduced ER transcriptional activity as determine by ERE-luciferase reporter assay (Fig. 2b).

(a) Silence PEDF expression in MCF-7 and T47D cells using siRNA knockdown and determine tamoxifen response



(b) Overexpression of PEDF in resistant cells using lentivirus inducible vectors

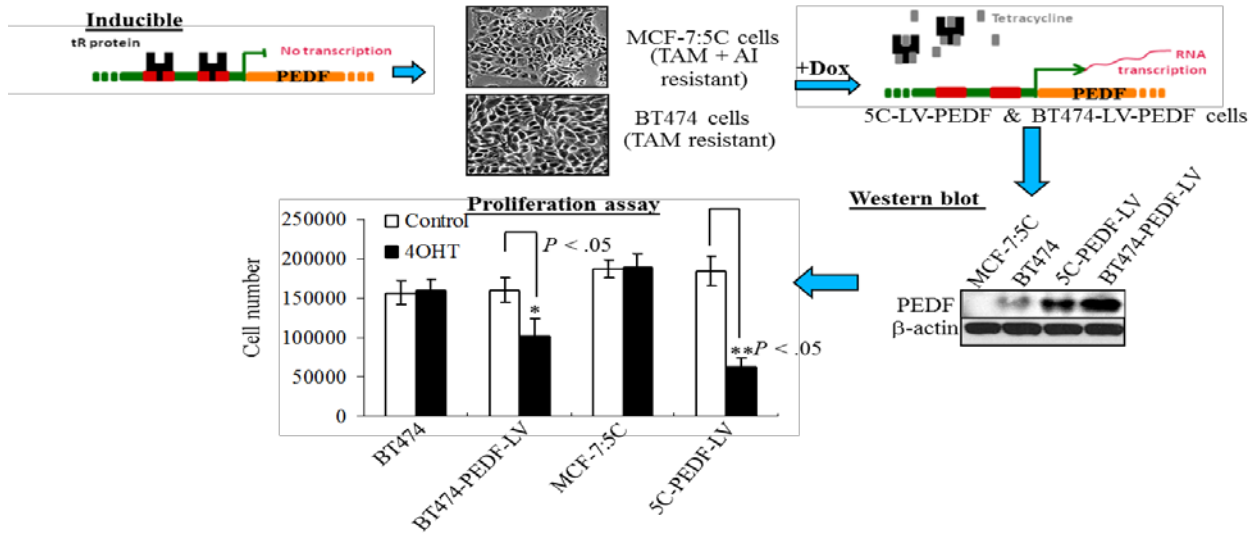


Figure 1. Knockdown of pigment epithelium-derived factor expression by siRNA reduces tamoxifen sensitivity in breast cancer cells. **(a)** MCF-7 and T47D cells were transfected with PEDF or control siRNA for 72 hours and PEDF protein and mRNA levels were determined by western blot analysis. Transfected cells were also treated with 1 μ M TAM for 72 hours and cell proliferation was determined by cell counting. **(b)** MCF-7:5C and BT474 breast cancer cells were transfected with a doxycycline-inducible lentivirus vector encoding the human PEDF cDNA and Western blot analysis was used to confirm PEDF overexpression. The lentivirus-transduced 5C-PEDF-LV and BT474-PEDF-LV cells were then treated TAM and cell proliferation was determined by cell counting.

Western blot

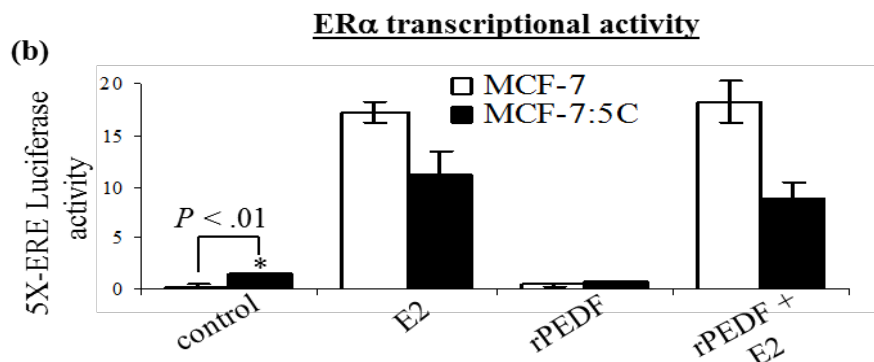
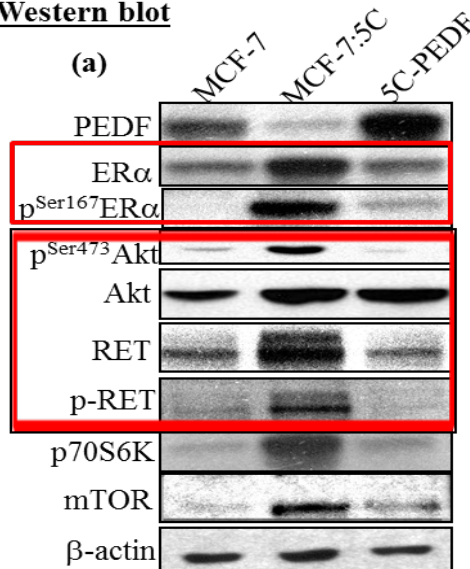
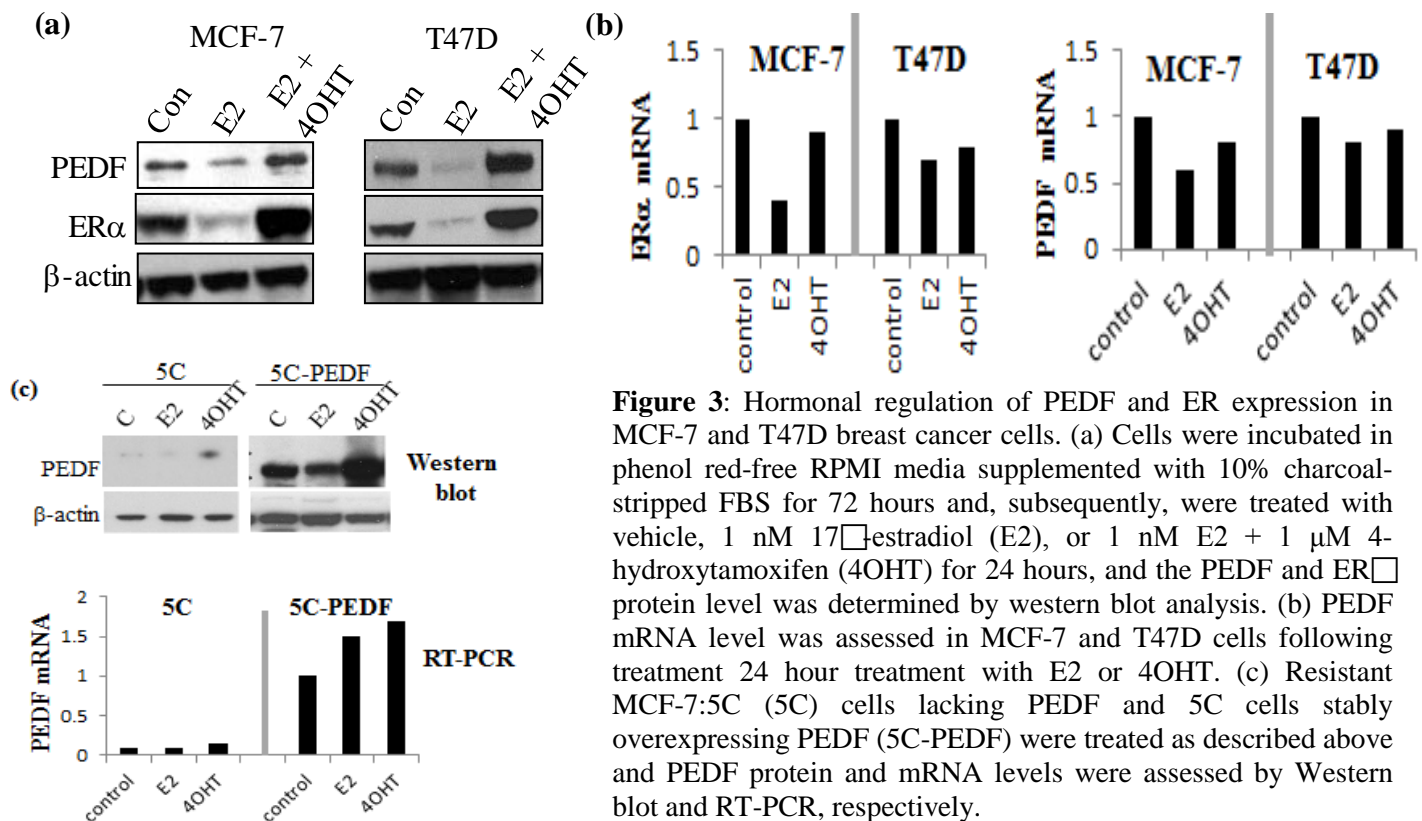


Figure 2: Reexpression of PEDF in endocrine resistant breast cancer cells inhibits the estrogen receptor (ER) signaling pathway. **(a)** Western blot analysis of protein lysates isolated from MCF-7, MCF-7:5C, and 5C-PEDF-LV cells to assess PEDF, total and phosphorylated ER α , RET, and other downstream kinases. **(b)** ER α transcriptional activity as determined by estrogen response element (ERE) luciferase assay.

Task 2: Study the role of ER α in PEDF regulation in endocrine sensitive and endocrine resistant breast cancer cells (Months 9-18).

Task 2-1: Determine whether PEDF protein and mRNA levels are differentially regulated by estrogen (i.e. estradiol) and antiestrogen (tamoxifen) in endocrine resistant and endocrine sensitive breast cancer cells using Western Blot analysis and RT-PCR (Months 9-12).

The estrogen receptor (ER) is a transcription factor that is a member of the steroid receptor nuclear family and its most potent ligand is the female hormone 17 β -estradiol (E2). It is well documented that E2 plays a critical role in the development and progression of ER-positive breast cancers and that blocking estradiol action in the cancer cell is the most effective strategy to treat the disease. 4-hydroxytamoxifen (4OHT) is the active metabolite of tamoxifen and it antagonizes ER and is currently used to treat all stages of ER-positive breast cancers. In vitro studies using hormone-dependent breast cancer cell lines such as MCF-7 and T47D have shown that 4OHT blocks estradiol-induced proliferation. In our study, we examined the effect of E2 and 4OHT on PEDF and ER α expression in hormone sensitive MCF-7 and T47D breast cancer cells. As shown in Figure 3a, treatment with E2 (1 nM) markedly reduced PEDF and ER protein expression in MCF-7 and T47D cells whereas treatment with 4OHT (1 μ M) increased PEDF and ER α expression in both cell lines. A similar trend was observed at the mRNA level (Figure 3b). For comparison, we assessed the effect of E2 and 4OHT on PEDF expression in tamoxifen-resistant MCF-7:5C cells (5C) and 5C-PEDF cells that were stably transfected with the PEDF gene. Interestingly, we found that E2 treatment slightly reduced PEDF protein expression in 5C-PEDF cells whereas 4OHT treatment markedly increased PEDF expression at the protein and mRNA level in these cells whereas in 5C cells no significant effect on PEDF protein or mRNA was observed (Fig. 3c). Similar experiments were performed with BT474 cells stably overexpressing PEDF (BT474-PEDF) however E2 and 4OHT did not cause any measurable changes in PEDF expression in these cells thus suggesting differential effects of PEDF in different cell types (data not shown). We should also note DNA Pull-down assay performed with double-stranded biotinylated oligonucleotides containing the ERE sequence identified from the PEDF promoter revealed that ER is capable of directly binding to the promoter. We are currently assessing the significance of this interaction.



Task 2-2: Investigate whether the regulation of PEDF by ER α is at the promoter level using transient transfection luciferase assays (Months 13-16).

The human PEDF promoter contains a non-consensus estrogen response element (ERE) binding site that can potentially bind estrogen receptor (ER) and other nuclear receptors including retinoic acid receptors. Since our endocrine resistant breast cancer cell line MCF-7:5C showed very little expression of PEDF compared to endocrine sensitive MCF-7 cells, we measured PEDF promoter activity in MCF-7:5C (5C) cells that lack PEDF and 5C-PEDF cells that stably overexpress PEDF. These cells were transfected with the pGL3-basic plasmid containing wild-type PEDF promoter or PEDF promoter deletion fragments (see Figure 4a for details) regulating a luciferase gene. As can be seen in Figure 4b, the full-length PEDF promoter (-920/+27) exhibited strong promoter activity in 5C-PEDF cells but very little activity in 5C cells that lacked endogenous PEDF. Interestingly, we found that deletion of the promoter sequences containing all of the putative ERE sites (i.e. removal of nucleotides -920 to -103) markedly reduced PEDF promoter activity (PEDF-102/+27) in 5C-PEDF cells, suggesting an important role for ERE residues in regulating PEDF expression. Furthermore, we observed significant differences between the antiestrogens 4OHT and ICI in regulating the PEDF promoter. The pure antiestrogen ICI appears to inhibit PEDF promoter activity whereas 4OHT appears to markedly increase PEDF promoter activity in 5C-PEDF cells.

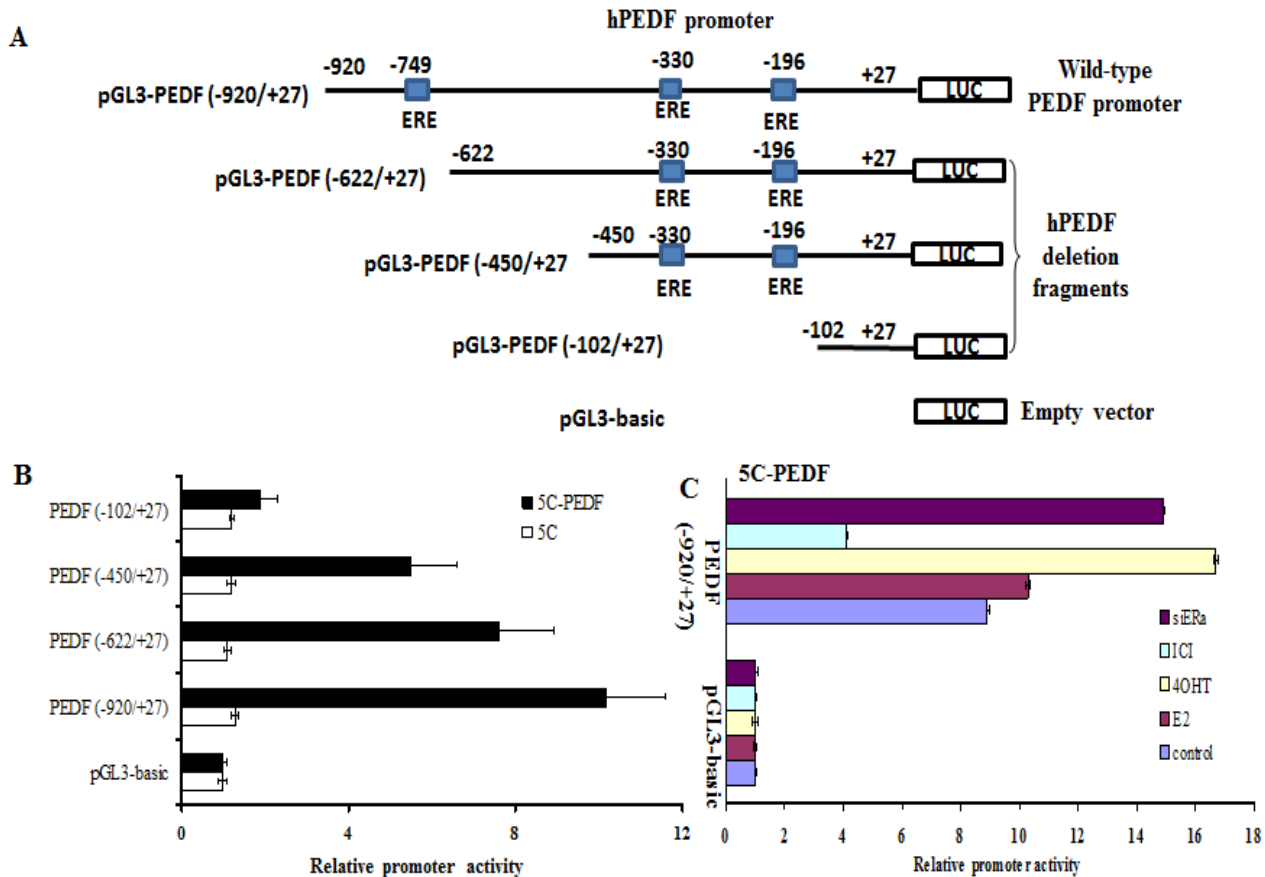


Figure 4: PEDF promoter activity in endocrine resistant breast cancer cells. A) Schematic representation of the human PEDF promoter region and several deletion fragments with the potential ERE binding sites highlighted. B) PEDF promoter activity in MCF-7:5C (5C) and 5C-PEDF cells transfected with wild-type PEDF promoter and several deletion fragments. The PEDF promoter region was amplified by PCR using DNA from a cosmid clone, which contained the full genomic PEDF gene, as a template. The PCR product was cloned into the pCRII vector and subcloned into the pGL3 basic vector upstream of a luciferase gene. After sequence verification, the PEDF promoter clone and a beta-galactosidase clone were co-transfected into PEDF-negative MCF-7:5C cells (5C) and PEDF-overexpressing 5C cells (5C-PEDF) using lipofectamine reagent. Twenty-four hours after transfection, the cells were lysed and assayed for luciferase and beta-galactosidase activity. Upon observing luciferase activity higher than controls, 5' deletions of the PEDF promoter clone were constructed as described above and assayed in a similar manner. C) Hormonal regulation of PEDF promoter in 5C-PEDF cells. Cells were transfected with the wild-type PEDF promoter and then treated with estradiol (E2, 1 nM) or the antiestrogens 4OHT and ICI 182780 (1 μ M) for 24 hours.

Task 2-3: Determine whether DNA methylation of PEDF promoter plays a role in its silencing in endocrine resistant breast cancer cells

Effect of 5-Aza-dC on PEDF expression in resistant cells: One of the potential mechanisms by which PEDF expression might be silenced in our resistant cells is through DNA methylation. DNA methylation is an important regulator of gene transcription and a large body of evidence has demonstrated that genes with high levels of 5-methylcytosine in their promoter region are transcriptionally silent, and that DNA methylation gradually accumulates upon long-term gene silencing and are associated with human malignancies. 5-Aza-2'-deoxycytidine is a nucleoside analog that inhibits DNMTs by trapping them in a covalent complex on DNA by preventing the β -elimination step of catalysis, thus resulting in the enzymes' degradation. To address this question, we treated the resistant breast cancer lines; MCF-7:5C and BT474 with 0.1 to 10 μ M of 5-aza-dC for 5 days and then measured PEDF mRNA expression using RT-PCR. As can be seen in Figure 5, treatment with 5-Aza-dC restored PEDF mRNA expression in both MCF-7:5C and BT474 cells thus suggesting that loss of PEDF gene expression might be due to promoter methylation. We plan to perform methylation studies to assess the DNA methylation status of the PEDF promoter in MCF-7:5C and BT474 cells. Methylation-specific PCR (MSP) analysis will be performed on both cell lines. Normal human mammary epithelial cells will be used as a control. Genomic DNA will be extracted from the cell lines using the DNeasy kit (Qiagen Inc.) and then treated with sodium bisulfite using the EZ DNA Methylation-Gold kit (Zymo Research Corp., Orange, CA). Primers for methylation-specific PCR (MSP) have already been designed in our lab using EpiDesigner software (Sequenom Inc., San Diego, CA). To confirm methylation-dependent PEDF expression we will perform in vitro methylation studies using two promoter constructs (1: -750 to -1 and 2: -200 to -1) which will be methylated and ligated to a luciferase reporter gene. Cells will be cotransfected with a renilla luciferase vector as an internal control for the transfection efficiency. Luciferase activities will be measured 24 hours later using the Dual-Luciferase reporter assay system (Promega Corp).

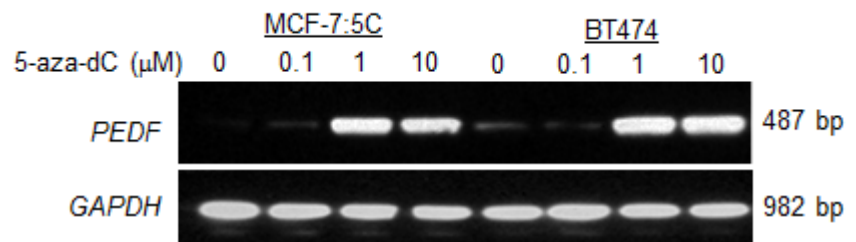


Figure 5: A) DNA demethylation restores PEDF expression in endocrine resistant breast cancer cells. Resistant MCF-7:5C and BT474 breast cancer cells were treated with the indicated concentrations of the demethylating agent 5-aza-dC for 5 days. Expression of PEDF mRNA was assessed by RT-PCR.

KEY RESEARCH ACCOMPLISHMENTS:

- **Cell lines developed:** Our laboratory has developed two unique human breast cancer cell lines (MCF-7:5C-PEDF-LV and BT474-PEDF-LV) that stably overexpress the pigment epithelium derived factor (PEDF) gene. We are currently working on developing a xenograft mouse model based on these cell lines.
- **Research opportunities:** Since my last progress report submission, I have applied for a DOD-BCRP Breakthrough award which received a score of 2.0 which was in the “Excellent” range. The objective of that grant was to study the role of interferon stimulated genes (ISGs) in the development of endocrine resistant. Ultimately, we would like to see whether loss of PEDF expression in our resistant cells plays a role in driving the overexpression of ISGs in these cells. A copy of a recent paper submitted by our lab based on some of our findings is included in the appendix. I have also submitted a R21 which is still pending. I plan to submit a R01 in Feb 2015 which will focus on understanding the mechanism of PEDF

action in breast cancer and whether PEDF expression is capable of blocking the conversion of ductal carcinoma in situ (DCIS) to invasive breast cancer and whether it can block the development of tumors derived from BRCA-1 mutation/knockout. I had initially intended to submit the R01 in Oct 2013; however, my grant was not officially transferred to KUMC until Sept 2013.

CONCLUSION: Resistance to endocrine therapy such as tamoxifen or aromatase inhibitors is a major clinical obstacle to the effective treatment and cure of women with estrogen receptor alpha (ER α)-positive breast cancer. The possibility of identifying new targets for therapy in resistant disease, or patients, who may benefit from additional treatment with existing therapies, provides a strong impetus to identify markers and mediators of therapeutic resistance. The data we have accumulated thus far indicate that PEDF, a naturally occurring glycoprotein that has potent antiangiogenic activity, is suppressed in endocrine resistant breast cancer cells and tumors and that reexpression of PEDF in resistant cells resensitizes them to the inhibitory effects of tamoxifen. This finding has important clinical implications for breast cancer patients who have developed resistance to tamoxifen and aromatase inhibitors and it suggests that PEDF expression can be used as a potential marker of endocrine responsiveness in breast cancer and that recombinant PEDF can potentially be used to treat patients with resistant disease. The fact that PEDF is a naturally occurring protein that is present at relatively high concentration (up to 100 nM) in the serum of healthy individuals suggests that can be tolerated at high concentrations without significant side effects and can potentially be used as a therapeutic. Our proposed animal studies with recombinant PEDF has already provided important information regarding the bioavailability of PEDF, its safety profile, and its efficacy at reversing tamoxifen resistance in vivo. Mechanistic studies have revealed that loss of PEDF expression in the resistant cells might be due to DNA promoter methylation. In addition, we have assessed PEDF promoter activity in resistant MCF-7:5C cells and in 5C cells stably overexpressing PEDF (5C-PEDF). We detected high PEDF promoter activity in 5C-PEDF cells but no activity in MCF-7:5C cells which lack PEDF. This finding is consistent with our RT-PCR data which shows very little PEDF mRNA level in MCF-7:5C cells but high levels in the 5C-PEDF cells stably overexpressing PEDF. Further studies using PEDF deletion fragments indicated that loss of three putative ERE binding sites within the PEDF promoter significantly reduced its promoter activity and its response to estradiol and 4-hydroxytamoxifen, thus supporting a role for ER-ERE interaction in regulating PEDF expression. Apart from these studies, are also investigating some recent findings from our lab which reveal that interferon response genes (ISGs) and inflammatory response genes are constitutively overexpressed in endocrine resistant cells and tumors and that suppression of these ISGs leads to cell death and it blocks the invasive and aggressive phenotype of the resistant cells in vitro. Since our resistant cells express do not express PEDF which is known to play a suppressive role in inflammation it will be clinically relevant to assess whether loss of PEDF contributes to the overexpression of the ISGs in the resistant cells. We have recently submitted a manuscript to Breast Cancer Research (2014) based on these observations and it has been conditionally accepted pending minor revisions.

PUBLICATIONS, ABSTRACTS, AND PRESENTATIONS:

a. Manuscripts

Jan R, Brewer C, Huang M, Lewis-Wambi JS. Loss of pigment epithelium-derived factor: A novel mechanism for the development of endocrine resistance in breast cancer. *Breast Cancer Res* 2012; 14(6):R146. PMID:23151593.

Choi HJ, Ogony J, Lui A, Jan R, Sims PJ, Lewis-Wambi JS. Targeting interferon response genes sensitizes aromatase inhibitor resistant breast cancer cells to estrogen-induced cell death. *Breast Cancer Res* (2014). Under revision.

b. Presentations:

“A novel approach to treat endocrine resistant breast cancer”. University of Kansas Medical Center (KUMC). Department of Cancer Biology.. Kansas City, KS. March 26th, 2013.

“Paradoxical action of estrogen in aromatase inhibitor resistant breast cancer cells”. University of Kansas Medical Center, Department of Biochemistry Seminar Series, Kansas City, KS. Dec 6th, 2013.

(*) “Loss of PEDF: A novel mechanism for development of endocrine resistance”. University of Kansas Medical Center, Women in Medicine and Science (WIMS) 1st annual Symposium, Kansas City, KS. Aug 22nd, 2013.

(*) “The role of interferon signaling pathway in endocrine resistant breast cancer”. University of Kansas Medical Center, Department of Anatomy and Cell Biology Seminar Series, Kansas City, KS. January 16th, 2014

“Estrogen therapy and aromatase inhibitor resistant breast cancer: A novel approach to treatment. University of Kansas, Molecular Biosciences Department, Cancer Biology Seminar Series, Lawrence, KS. May 1st, 2014

(*) “A novel role for PEDF in endocrine resistant breast cancer”. The National Institutes of Health-National Eye Institute, Protein Structure and Function Division, Bethesda, MD. Sept 10th, 2014.

INVENTIONS, PATENTS AND LICENSES: “Nothing to report”

REPORTABLE OUTCOMES: Our laboratory has developed an inducible lentivirus expression system that allows us to stably express the antitumor gene PEDF in endocrine resistant breast cancer cells and in athymic mice. To date we have generated three cell lines: 5C-PEDF, BT47D-PEDF, and MCF-7:2A-PEDF. We plan to use these cell lines along with our mouse models to study the evolution of drug resistance in vivo and examine whether the presence or absence of PEDF is capable of reversing tamoxifen resistance in animals. The development of drug resistance to endocrine therapies such as tamoxifen and aromatase inhibitors is a major clinical problem for breast cancer patients. With these animal models we will be able to study how endocrine resistance develops and what role PEDF plays in the process. Ultimately, we would like to use our animal models to assess the therapeutic potential of PEDF to treat endocrine resistant breast cancer. To date, we have demonstrated that loss of PEDF expression plays a critical role in the development of endocrine resistance in breast cancer and that reexpression of PEDF, either through exogenous addition of recombinant PEDF or stable overexpression of PEDF in breast cancer cells, reverses endocrine resistance. We will also use the cell lines and animal models to investigate the role of interferon signaling in endocrine resistance. Our lab has generated a good deal of data indicating that dysregulation of the interferon signaling pathway plays a role in tumor progression and possible endocrine resistance. We would like to investigate whether loss of PEDF plays a role in interferon signaling and immune response. We recently submitted a grant application to the DOD-BCRP based on this observation and it received a score of “2.0” which is in the excellent range. We will revise this application and resubmit again.

OTHER ACHIEVEMENTS: “Nothing to report”

REFERENCES:

Jan R, Brewer C, Huang M, **Lewis-Wambi JS**. Loss of pigment epithelium derived factor: A novel mechanism for the development of endocrine resistance in breast cancer. *Breast Cancer Res* 2012; 14(6):R146. PMID:23151593.

APPENDICES:

Please see attachments.

RESEARCH ARTICLE

Open Access

Loss of pigment epithelium-derived factor: a novel mechanism for the development of endocrine resistance in breast cancer

Rifat Jan¹, Min Huang² and Joan Lewis-Wambi^{1*}

Abstract

Introduction: Despite the benefits of endocrine therapies such as tamoxifen and aromatase inhibitors in treating estrogen receptor (ER) alpha-positive breast cancer, many tumors eventually become resistant. The molecular mechanisms governing resistance remain largely unknown. Pigment epithelium-derived factor (PEDF) is a multifunctional secreted glycoprotein that displays broad anti-tumor activity based on dual targeting of the tumor microenvironment (anti-angiogenic action) and the tumor cells (direct anti-tumor action). Recent studies indicate that PEDF expression is significantly reduced in several tumor types, including breast cancer, and that its reduction is associated with disease progression and poor patient outcome. In the current study, we investigated the role of PEDF in the development of endocrine resistance in breast cancer.

Methods: PEDF mRNA and protein levels were measured in several endocrine-resistant breast cancer cell lines including MCF-7:5C, MCF-7:2A, and BT474 and in endocrine-sensitive cell lines MCF-7, T47D, and ZR-75-1 using real-time PCR and western blot analyses. Tissue microarray analysis and immunohistochemistry were used to assess the PEDF protein level in tamoxifen-resistant breast tumors versus primary tumors. Lentiviruses were used to stably express PEDF in endocrine-resistant breast cancer cell lines to determine their sensitivity to tamoxifen following PEDF re-expression.

Results: We found that PEDF mRNA and protein levels were dramatically reduced in endocrine-resistant MCF-7:5C, MCF-7:2A, and BT474 breast cancer cells compared with endocrine-sensitive MCF-7, T47D, and ZR-75-1 cells, and that loss of PEDF was associated with enhanced expression of p^{Ser167}ERα and the receptor tyrosine kinase rearranged during transfection (RET). Importantly, we found that silencing endogenous PEDF in tamoxifen-sensitive MCF-7 and T47D breast cancer cells conferred tamoxifen resistance whereas re-expression of PEDF in endocrine-resistant MCF-7:5C and MCF-7:2A cells restored their sensitivity to tamoxifen *in vitro* and *in vivo* through suppression of RET. Lastly, tissue microarray studies revealed that PEDF protein was reduced in ~52.4% of recurrence tumors (31 out of 59 samples) and loss of PEDF was associated with disease progression and poor patient outcome.

Conclusion: Overall, these findings suggest that PEDF silencing might be a novel mechanism for the development of endocrine resistance in breast cancer and that PEDF expression might be a predictive marker of endocrine sensitivity.

Introduction

The female hormone estrogen has long been recognized as being important for stimulating the growth of a large proportion of breast cancers. Estrogen action is mediated by two receptors; estrogen receptor (ER) alpha and ER beta. Approximately 70% of breast cancers express ERα

[1,2], and its presence in breast tumors is routinely used to predict a response to endocrine therapy such as tamoxifen - an anti-estrogen that blocks estrogen-stimulated breast cancer cell growth - or aromatase inhibitors (AIs) - agents that suppress estrogen synthesis in the body. These agents are highly effective and are less toxic compared with chemotherapy, and are often offered to ER-positive breast cancer patients to sustain a better quality of life [3,4]. Despite the clinical benefits of tamoxifen and AIs, however, a large number of breast cancer

* Correspondence: joan.lewis@fccc.edu

¹Cancer Biology Program, The Research Institute of Fox Chase Cancer Center, 333 Cottman Avenue, Philadelphia, PA 19111, USA

Full list of author information is available at the end of the article

patients develop drug resistance. It is estimated that ~40% of patients with early ER-positive breast cancer relapse within 15 years after adjuvant therapy with tamoxifen and 15% of patients treated with an AI relapse within 9 years [5-7]. These resistant tumors are usually more aggressive and are more likely to metastasize, which is often the leading cause of breast cancer-related death. There is strong evidence that endocrine resistance is associated with cross-talk between upstream kinases and ER α , resulting in estrogen-independent activation of the ER α ; however, the exact mechanism by which breast cancer cells develop resistance to endocrine therapy is still not fully understood.

Pigment epithelium-derived factor (PEDF) is a 50 kDa glycoprotein that belongs to the non-inhibitory serine protease inhibitor superfamily but it does not inhibit proteases [8,9]. PEDF was first discovered as a factor secreted by retinal pigment epithelial cells [10], but was later found to be expressed in several tissues including the brain, spinal cord, eye, plasma, bone, prostate, pancreas, heart and lung [11]. PEDF is present in human blood at a concentration of approximately 100 nM (5 μ g/ml) or twice the level required to inhibit aberrant blood-vessel growth in the eye [10]. PEDF possesses potent anti-angiogenic activity, far greater than any other known anti-angiogenic factor [12], and it has anti-tumor properties including the ability to promote tumor differentiation and initiate apoptosis [13-16]. In endothelial cells, PEDF has been shown to induce apoptosis by activating the Fas/Fas-L caspase-8 apoptotic pathway [17,18] and there is evidence that the p38 mitogen-activated protein kinase (MAPK) pathway is involved in the anti-angiogenic activity of PEDF [19]. More recently, a number of studies have reported that PEDF expression is significantly reduced in several tumor types, including prostate adenocarcinoma [20], pancreatic adenocarcinoma [21], glioblastoma [22], ovarian carcinoma [23], and breast cancer [24]. With regards to breast cancer, PEDF expression has been shown to be markedly reduced in breast tumors compared with normal tissue and this reduction is associated with disease progression and poor patient outcome [24,25]. At present, however, it is not known whether PEDF plays a role in the development of endocrine resistance.

In this study, we examined the role of PEDF in the development of endocrine resistance using several breast cancer cell lines. Specifically, we evaluated PEDF expression in endocrine-resistant MCF-7:5C, MCF-7:2A, and BT474 breast cancer cells versus endocrine-sensitive MCF-7, T47D, and ZR-75-1 cells and found that PEDF mRNA and protein levels were dramatically reduced in the endocrine-resistant breast cancer cell lines compared with the endocrine-sensitive cell lines. In addition, tissue microarray studies revealed that PEDF protein was significantly reduced in tamoxifen-resistant/recurrence tumors

compared with primary tumors. We also found that re-expression of PEDF in endocrine-resistant MCF-7:5C and BT474 cells restored their sensitivity to tamoxifen, whereas siRNA knockdown of PEDF in MCF-7 and T47D cells markedly reduced their sensitivity to tamoxifen. Notably, re-expression of PEDF in endocrine-resistant MCF-7:5C cells resulted in a significant reduction in the level of p-ER α , p-AKT, and rearranged during transfection (RET) proteins, which were constitutively overexpressed in these cells. Lastly, we found that recombinant PEDF (rPEDF) dramatically reduced the tumor growth of MCF-7:5C xenographs in athymic mice and that re-expression of PEDF in MCF-7:5C cells partially restored tamoxifen sensitivity *in vivo*. Taken together, these findings suggest that PEDF silencing might be a novel mechanism for the development of endocrine resistance in breast cancer.

Materials and methods

Cell lines and culture conditions

The MCF-7 cells used in this study [26] were cloned from ER α -positive human MCF-7 breast cancer cells originally obtained from the American Type Culture Collection (Manassas, VA, USA). MCF-7 cells were maintained in full serum medium composed of RPMI-1640 medium, 10% fetal bovine serum, 2 mM glutamine, penicillin at 100 U/ml, streptomycin at 100 μ g/ml, 1 \times nonessential amino acids (Invitrogen, Grand Island, NY, USA), and bovine insulin at 6 ng/ml (Sigma-Aldrich, St Louis, MO, USA). ER-positive MCF-7:5C [27,28] and MCF-7:2A [29,30] breast cancer cells were cloned from MCF-7 cells following long-term (> 12 months) culture in estrogen-free medium composed of phenol red-free RPMI, 10% fetal bovine serum treated three times with dextran-coated charcoal, 2 mM glutamine, bovine insulin at 6 ng/ml, penicillin at 100 U/ml, streptomycin at 100 μ g/ml, and 1 \times nonessential amino acids. MCF-7:5C cells are resistant to AIs (that is, hormone independent) and tamoxifen, but these cells undergo apoptosis in the presence of physiologic concentrations of 17 β -estradiol (E2), as previously reported [28]. MCF-7:2A cells are also resistant to AIs but only partially sensitive to tamoxifen, and these cells undergo apoptosis in the presence of E2 [29,31].

The human breast cancer cell line T47D:A18, referred to as T47D in this study, is a hormone-responsive clone of wild-type T47D that has been described previously [32]. These cells were maintained in phenol red-containing RPMI medium supplemented with 10% fetal bovine serum (FBS), bovine insulin (6 ng/ml), and antibiotics. ER-positive ZR-75-1 and BT474 breast cancer cells were obtained from the American Type Culture Collection and were maintained in phenol red-containing RPMI medium supplemented with 10% FBS, bovine insulin (6 ng/ml), and antibiotics. The BT474 cell line was isolated by Lasfargues

and Coutinho from a solid, invasive ductal carcinoma of the breast [33]. ER-negative MDA-MB-231 breast cancer cells were obtained from the American Type Culture Collection and were cultured in DMEM medium supplemented with 10% FBS and antibiotics.

MCF-7:5C cells stably expressing PEDF (5C-PEDF) were grown in phenol red-free RPMI 1640 medium supplemented with 10% phenol red-free RPMI, 10% fetal bovine serum treated three times with dextran-coated charcoal and 4 µg/ml blasticidin (InvivoGen, San Diego, CA, USA), and BT474 cells stably expressing PEDF (BT474-PEDF) were grown in RPMI medium supplemented with 10% FBS and 4 µg/ml blasticidin (InvivoGen, San Diego, CA, USA).

Cell proliferation assay

This procedure has been described previously [28,29,34]. Briefly, MCF-7 and T47D cells were grown in fully estrogenized medium. Cells were seeded in 24-well plates (30,000/well) and after overnight incubation were transfected with either control (nontarget) or PEDF siRNA. Transfected cells were treated with 10^{-6} M 4-hydroxytamoxifen (4OHT) after 48 hours, and then cells were harvested after 72 hours and total DNA was determined using a Fluorescent DNA Quantitation kit (Bio-Rad Laboratories, Hercules, CA, USA), as previously described [28]. Cell proliferation was also determined by cell counting using the trypan blue exclusion assay. MCF-7 and T47D cells were seeded in six-well plates (1×10^5 /well) and then treated with 10^{-6} M 4OHT for 72 hours. The 4OHT used in the cell proliferation studies was purchased from Sigma-Aldrich.

We also performed proliferation studies using MCF-7:5C, BT474, 5C-PEDF, and BT474-PEDF cells. MCF-7:5C and 5C-PEDF cells were grown in non-estrogenized media, and BT474 and BT474-PEDF cells were grown in fully estrogenized media. For the DNA proliferation assay, cells were seeded at a density of 30,000/well in 24-well plates and after overnight incubation were treated with 10^{-12} M to 10^{-6} M 4OHT for 7 days with retreatment on alternate days. Cells were then harvested and total DNA quantitated using a Fluorescent DNA kit as described previously [28]. For cell counting, cells were seeded at 75,000/well in six-well plates and after overnight incubation were treated with 10^{-6} M 4OHT for 72 hours. Cells were then harvested and counted using trypan blue exclusion.

Western blot analysis

Immunoblotting was performed using 30 µg protein per well as described previously [28,35]. Membranes were probed with primary antibodies against PEDF (Chemicon Inc., Temecula, CA, USA), against ERα and phospho-Ser167-ERα (Santa Cruz Biotechnology, Inc., Santa Cruz,

CA, USA), against RET, p-RET (Y1062), mammalian target of rapamycin (mTOR), p-mTOR and AKT, and against pAKT, MAPK, pMAPK and p70S6K (Cell Signaling Technology Inc., Danvers, MA, USA), and against β-actin (Sigma Chemical Co., St Louis, MO, USA). The appropriate secondary antibody conjugated to horseradish peroxidase (Santa Cruz Biotechnology) was used to visualize the stained bands with an enhanced chemiluminescence visualization kit (Amersham, Arlington Heights, IL, USA). Bands were quantitated by densitometry using the Molecular Dynamics Software ImageQuant (GE Healthcare Life Sciences, Piscataway, NJ, USA) and densitometric values were corrected for loading control.

Knockdown of PEDF and RET with small interference RNA

For the iRNA silencing experiments, PEDF, RET, and non-target control siRNAs were purchased from Dharmacon Inc (Pittsburg, PA, USA). For transfection, 100 nM siRNAs were combined with siRNA transfection reagent according to the manufacturer's instructions. Cells were seeded in 24-well plates at a density of 0.5×10^5 cells/well in antibiotics-free medium 12 hours before the transfection. One and a half microliters of the siRNA (20 µM) were mixed with 1 µl transfection reagent in 50 µl serum-free RPMI-1640 medium and were incubated at room temperature for 25 minutes to form a complex. After washing cells with PBS, the 50 µl transfection mixtures were added to each well with 450 µl RPMI-1640 medium containing 10% FBS at a final concentration of 100 nM siRNA. Twenty-four hours after the transfection, the medium was replaced with fresh 500 µl RPMI-1640 medium containing 10% FBS. Transfected cells were then harvested for western blotting and RT-PCR or subsequently treated with 10^{-9} M to 10^{-6} M 4OHT for 3 days to determine cell growth.

RNA isolation and RT-PCR analysis

Total RNA was isolated from cultured cells using the TRIzol reagent (Invitrogen) according to the manufacturer's procedure. First-strand cDNA synthesis was performed from 2.5 µg total RNA using Super-Script Reverse Transcriptase (Invitrogen). cDNA was amplified in a 15-µl PCR mixture containing 1 mM dNTPs, 1× PCR buffer, 2.5 mM MgCl₂, and 1 U DNA *Taq* polymerase (Promega, Madison, WI, USA) with 25 pmol of primers specific for human *PEDF* (sense, 5'-CATTCACCGGGCTCTCTAC-3'; antisense, 5'-GGCAGCTGGGCAATCTTGCA-3') and human *RET* (sense, 5'-GGATTTCGGCTTGTCCCGAG-3'; antisense, 5'-CCATGTGGAAGG GAGGGCTC-3'). The conditions in the logarithmic phase of PCR amplification were as follows: 5 minutes initial denaturation at 94°C, 1 minute denaturation at 94°C, 35 seconds annealing at 67°C, and 1.5 minute extension at 72°C for 30 cycles. The number of amplification cycles during which PCR product formation was limited by the template concentration

was determined in pilot experiments. *PUM1* was used as the internal control (sense, 5'-TCACCGAGGCCCTCT-GAACCCTA-3'; antisense, 5'-GGCAGTAATC TCCTTCTGCATCCT-3').

The reproducibility of the quantitative measurements was evaluated by three independent cDNA syntheses and PCR amplification from each preparation of RNA. Densitometric analysis was performed using Scion Image software (Scion Corp., Frederick, MD, USA), and the relative *PEDF* or *RET* mRNA expression levels were determined as the ratio of the signal intensity of *PEDF* to that of *PUM1*.

Estrogen response element luciferase assay

To determine ER α transcriptional activity, cells were transfected with an estrogen response element (ERE)-regulated (pERE(5 \times)TA-ffLuc plus pTA-srLuc) dual-luciferase reporter gene set. pERE(5 \times)-ffLuc contained five copies of a consensus ERE and a TATA-box driving firefly luciferase; pTATA-srLuc contained a TATA-box element driving renilla luciferase. Cells were grown in the estrogen-free medium containing no exogenous compounds for 2 days before transfection. All transfection experiments were carried-out using LT1 (Mirus Bio LLC, Madison, WI, USA) at a 1:3 ratio of micrograms of plasmid to microliters of LT1. In the ERE reporter gene experiment, the cells were treated as indicated 24 hours following the transfection. Forty-eight hours following the ERE transfection, the cells were harvested and processed for dual-luciferase reporter activity (Promega, Madison, WI, USA), in which the firefly luciferase activity was normalized by renilla luciferase activity.

Breast cancer tissue microarray and immunohistochemistry

Paraffin-embedded de-identified human breast cancer tissue samples were collected from the Tumor Bank facility at the Fox Chase Cancer Center and the protocols were reviewed and approved by the Institutional Review Board at our institution. The archived tumor samples were obtained from patients who were initially treated with tamoxifen and either responded ($n = 150$) or responded but then developed recurrence disease ($n = 59$) with an average time to disease progression of 93 months. Patients provided written informed consent for the use of their tumor samples.

Tissue microarray slides were constructed from 59 matching primary and recurrence tumors using duplicate cores of 0.6 mm per tumor sample. Tissue microarray slides were also created using endocrine-responsive tumors. For *PEDF* and ER α immunohistochemistry, sections were incubated at room temperature for 20 minutes with anti-*PEDF* or anti-ER α antibody (Chemicon Inc.) applied at 1:100 dilution in antibody diluent (Dako USA,

Carpinteria, CA, USA). A secondary anti-mouse antibody polymer conjugated with horseradish peroxidase (Dako USA) was applied for 30 minutes and 3,3'-diaminobenzidine was used to produce visible, localized staining viewable with light microscopy. Sections without primary antibody served as negative controls. Normal breast tissue from archival specimens was used as positive controls for *PEDF* and ER α expression. A semi-automated quantitative image analysis system (ACIS II; ChromaVision Medical Systems, Inc., San Juan Capistrano, CA, USA) was used to quantitate the staining of the tissue microarray slides. For immunohistochemical analysis, the brown stain intensity of the chromogen was compared with the blue counterstain used as background. Staining for *PEDF* was quantified as an intensity score (scale 0 to 255) and staining for ER α was graded as follows: 0, negative (no cells stained); 1, weakly positive (< 10% of cells stained); 2, moderately positive (10 to 50% of cells stained); or 3, strongly positive (> 50% cells stained).

TUNEL staining for apoptosis

Apoptosis was determined by the terminal deoxynucleotidyl transferase-mediated dUTP nick end-labeling (TUNEL) assay using an *in situ* cell death detection kit (POD; Roche Molecular Biochemicals, Branchburg, NJ, USA), according to the manufacturer's instructions. Briefly, fixed cells were washed, permeabilized, and then incubated with 50 μ l terminal deoxynucleotidyl transferase end-labeling cocktail for 60 minutes at 37°C in a humidified atmosphere in the dark. For signal conversion, slides were incubated with 50 μ l converter-POD (anti-fluorescein antibody conjugated with horseradish peroxidase) for 30 minutes at 37°C, rinsed with PBS, and then incubated with 50 μ l of 3,3'-diaminobenzidine substrate solution for 10 minutes at 25°C. The slides were then rinsed with PBS, mounted under glass coverslips, and analyzed under a light microscope (Inverted Nikon TE300; Melville, NY, USA).

Lentiviral vector design, production, and transduction

For *PEDF* overexpression, we generated a lentiviral construct encoding the full-length human *PEDF* cDNA inserted between *Xba*I and *Bam*HI sites of the prrl.CMV.EGFP.wpre.SIN lentiviral vector. Briefly, *PEDF* cDNA was amplified by PCR from pCEP4-*PEDF* plasmid (a gift from Dr Bouck, Northwestern University, Chicago, IL, USA); *Xba*I and *Xba*I + *Eco*RV sites were added to the 5' and 3' ends, respectively, using primers 5'-CTAGTCTAGAGGCCCCAGGATGCAGGC CCTG-3' and 5'-GGCCTCTAGATATCTTAGGGGCCCCCTGGGGTCCAG-3'. This fragment was then subcloned into TA cloning vector (Invitrogen, San Diego, CA, USA), digested with *Eco*RV and *Xba*I and re-cloned in the prrl.CMV.EGFP.wpre.SIN plasmid digested with *Xba*I and *Bam*HI. To produce

lentiviral stock, 293FT cells (Invitrogen) were plated in 10-cm tissue culture plates. When the cells were 90 to 95% confluent, the complete culture medium was removed and the cells were exposed to 5 ml medium (Opti-MEM I; Invitrogen) with complexes (DNA-Lipofectamine 2000; Invitrogen) containing 9 µg packaging mix (ViralPower; Invitrogen), 3 µg expression plasmid DNA (prrl.CMV.EGFP.wpre.SIN/PEDF), or control plasmid DNA (prrl.CMV.EGFP.wpre.SIN/LacZ) with lipofectamine (Lipofectamine 2000; Invitrogen). Hexadimethrine bromide (Polybrene; Sigma-Aldrich) was added at the final concentration of 10 µg/ml. After incubation for 24 hours, the infection medium was replaced with complete culture medium. Lentivirus-containing supernatants were harvested 72 hours after transfection. The supernatants were centrifuged to remove pellet debris and stored at -80°C.

For lentiviral vector transduction, MCF-7:5C and BT474 cells were plated in six-well plates. When the cells reached 30 to 50% confluence, media were changed to either phenol red-free RPMI medium with 10% charcoal-stripped FBS without antibiotic (MCF-7:5C cells) or complete growth medium without antibiotic (BT474 cells) with the lentiviral stock, and 10 µg/ml hexadimethrine bromide (Polybrene; Sigma-Aldrich) was added to improve lentiviral vector transduction. Lentiviral vector expressing lacZ served as a positive control. After overnight incubation at 37°C in 5% CO₂, the media-containing virus was removed and replaced with 2 ml complete culture media. After incubation overnight at 37°C in 5% CO₂, media were changed to phenol red-free RPMI medium with 10% charcoal-stripped FBS without antibiotic or respective media with 4 µg/ml blasticidin (InvivoGen). Transduced cell clones were then selected with antibiotic for 2 weeks. PEDF expression was verified by quantitative real-time RT-PCR and western blot analysis in MCF-7:5C and BT474 cells.

Animal studies

The mammary fat pads of 6-week-old to 8-week-old ovariectomized outbred athymic mice (Taconic, Upstate, NY, USA) were bilaterally inoculated with 5×10^6 MCF-7:5C cells suspended in 0.1 ml sterile PBS solution as described previously [28]. When tumors reached a mean cross-sectional area of 0.1 cm², the mice were randomized into groups of 10 and were treated with sterile PBS (100 µl) or 4 mg/kg rPEDF that was administered by intraperitoneal injection for a total of 30 days. Mice were injected every 2 days and tumors were measured every 5 days with vernier calipers. The mean cross-sectional tumor area was calculated by multiplying the length (*l*) by the width (*w*) by π and dividing the product by four (that is, $lw\pi/4$). The mean cross-sectional tumor area was plotted against time in days to monitor tumor growth. The mice were sacrificed by CO₂ inhalation and cervical dislocation; tumors

were excised and immediately fixed in 10% buffered formalin for immunohistochemistry or snap-frozen in liquid nitrogen. Frozen tumor specimens were stored at -80°C for further analysis.

In another experiment, a total of 96 ovariectomized outbred athymic mice, 6 to 8 weeks old, were bilaterally inoculated with 5×10^6 MCF-7, BT474, or MCF-7:5C breast cancer cells suspended in 0.1 ml sterile PBS. Mice injected with MCF-7 (*n* = 32) or BT474 cells (*n* = 32) were simultaneously treated with E2 to stimulate tumor growth. E2 was administered via 0.3 cm long silastic capsules (Innovative Research, Sarasota, FL, USA) that were implanted subcutaneously between the scapules. The capsules remained in place for the duration of the study (3 to 6 weeks). Mice injected with MCF-7:5C cells (*n* = 32), however, did not require treatment with E2 because these cells are estrogen independent and are capable of forming tumors in the absence of E2, as reported previously [28]. When the mean tumor cross-sectional area reached approximately 0.3 cm² for MCF-7 and BT474-injected mice and 0.2 cm² for MCF-7:5C-injected mice, groups of eight mice were randomly assigned to the following treatments: PBS alone (control), rPEDF, tamoxifen, or tamoxifen plus rPEDF. Tamoxifen was administered orally by gavage at 1.5 mg/day per mouse for 5 days/week for 21 days and rPEDF was administered by intraperitoneal injection at 4 mg/kg every 2 days for 21 days. Tumors were measured weekly with vernier calipers. The mean cross-sectional tumor area was calculated by multiplying the length (*l*) by the width (*w*) and by π and dividing by 4 (that is, $lw\pi/4$).

All animal experiments were carried out according to the guidelines of the American Association for Laboratory Animal Science as an approved protocol by the Institutional Animal Care and Use Committee at the Institute for Cancer Research-Fox Chase Cancer Center.

Microvessel density assay

Frozen tissues were cut into 10-µm sections, fixed in acetone at 4°C for 5 minutes, and blocked for endogenous peroxidase. Sections were treated with normal serum for 10 minutes. Tumor sections were incubated with the rat monoclonal antibody against mouse CD34 (BD Pharmingen, San Diego, CA, USA) at 1:100 dilutions at 4°C. After rinsing with PBS, sections were incubated with biotinylated rabbit antigoat immunoglobulins (Dako, Glostrup, Denmark) at 1:1,000 dilutions for 30 minutes at room temperature followed by incubation with horseradish peroxidase-labeled streptavidin-biotin complex for 30 minutes. The peroxidase reaction was visualized using diaminobenzidine. The tumor microvessel density was quantified as tumor vasculature. In negative-control staining, the primary antibodies were omitted.

Statistical analysis

All *in vitro* experiments were repeated at least twice in either duplicate or triplicate with different cell preparations to ensure consistency of the findings. One-factor analysis of variance was used to demonstrate that there were significant differences between conditions when there were more than two conditions, and paired analyses were performed using either Student's *t* test or the Mann-Whitney test (GraphPad Software, San Diego, CA, USA) in order to identify the conditions that were significantly different. For *in vivo* studies, tumor growth curves were analyzed longitudinally using a two-factor analysis of variance comparing tumor cross-sectional areas within treatments in a time-dependent manner. Tumor growth curves represent the mean \pm standard error of tumor cross-sectional areas. $P < 0.05$ was considered statistically significant.

Results

PEDF expression is dramatically reduced in endocrine-resistant breast cancer cells

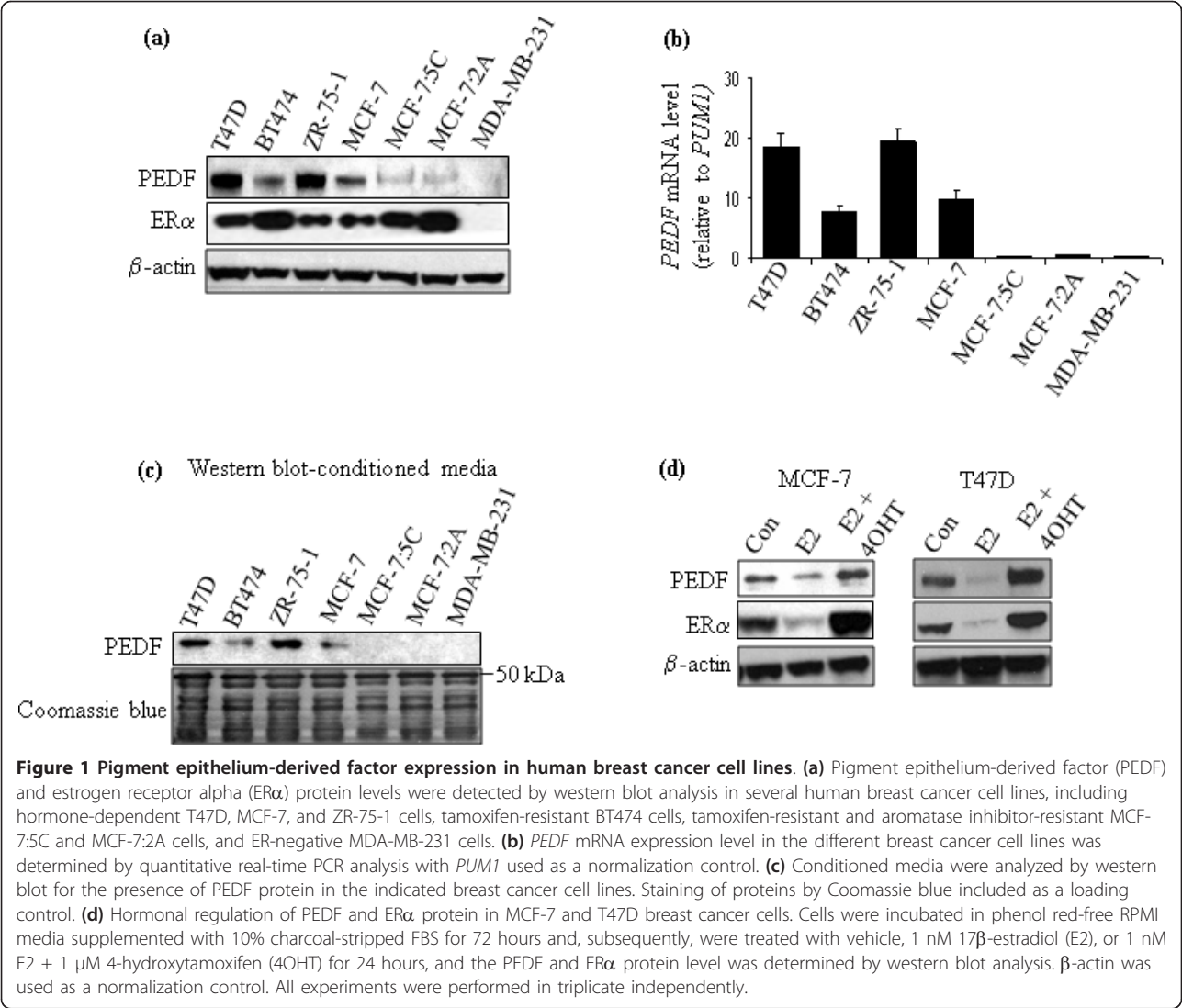
To determine whether there is an association between PEDF expression and endocrine resistance, we first examined PEDF expression in a panel of breast cancer cell lines using western blot and real-time PCR analyses. We found that PEDF protein (Figure 1a) and mRNA (Figure 1b) levels were dramatically reduced in endocrine-resistant MCF-7:5C, MCF-7:2A, and BT474 breast cancer cells compared with endocrine-sensitive MCF-7, T47D, and ZR-75-1 cells with no PEDF observed in ER-negative MDA-MB-231 cells. A similar trend was observed when the media conditioned by these cells were tested for PEDF expression. As shown in Figure 1c, endocrine-sensitive T47D, ZR-75-1 and, to a lesser extent, MCF-7 cells secreted the most PEDF, whereas endocrine-resistant MCF-7:5C, MCF-7:2A, and BT474 cells secreted markedly less to no detectable level of PEDF. Interestingly, we found that tamoxifen-resistant BT474 cells expressed a level of PEDF almost comparable with that of MCF-7 cells whereas AI-resistant MCF-7:5C and MCF-7:2A cells expressed very little to no PEDF. We should note that there are differences between BT474 cells and long-term estrogen-deprived MCF-7:5C and MCF-7:2A cells. Specifically, BT474 cells overexpress HER2 and the ER coactivator AIB1, which contribute to tamoxifen resistance in these cells [36], whereas MCF-7:5C and MCF-7:2A cells express low levels of HER2 and AIB1 but high levels of phospho-Akt and ER α , which are thought to contribute to the AI-resistant and tamoxifen-resistant phenotype of these cells. Tamoxifen resistance has been studied by several groups [37,38] and is believed to be due primarily to crosstalk between ER and HER2. This crosstalk leads to enhanced cell survival pathways via phosphoinositide 3-kinase (PI3K)/AKT activation in addition to activation of

various MAPKs that mediate transcriptional effects resulting in cell proliferation. In contrast, studies using long-term estrogen-deprived breast cancer cells have shown that AI resistance is controlled by several signaling pathways including the P13K/AKT pathway, the insulin-like growth factor receptor (IGF-1R) pathway, and the HER2 pathway [39-41]. In addition, we have previously shown that AI-resistant MCF-7:5C and MCF-7:2A cells undergo apoptosis in the presence of physiological concentrations of E2 [28,29,42]. The differences in PEDF expression between BT474, MCF-7:5C, and MCF-7:2A cells might possibly be influenced by the different signaling pathways that control the resistant phenotype of these cells.

The ER α protein level was also examined in the different cell lines to assess whether there was a correlation between ER α status and PEDF expression. Figure 1a showed that ER α protein was expressed in all of the cell lines except for MDA-MB-231 cells, which are ER α -negative; however, ER α was significantly elevated in endocrine-resistant MCF-7:5C, MCF-7:2A, and BT474 cells compared with endocrine-sensitive MCF-7, T47D, and ZR-75-1 cells. In addition, we found that E2 treatment markedly reduced the PEDF protein level in MCF-7 and T47D cells whereas 4OHT, the active metabolite of tamoxifen, significantly increased the PEDF protein level in both cell lines (Figure 1d). A similar trend was observed for ER α regulation by E2 and 4OHT in MCF-7 and T47D cells (Figure 1d). Overall, these data show that PEDF expression is significantly reduced in endocrine-resistant breast cancer cells compared with endocrine-sensitive cells and that its expression is differentially regulated by estrogen and anti-estrogen in hormone-dependent breast cancer cells. No significant correlation, however, was observed between PEDF expression and total ER α status.

PEDF expression is dramatically reduced in endocrine-resistant breast tumors

Since PEDF expression was dramatically reduced in endocrine-resistant breast cancer cells, we next determined whether there was a clinical correlation between PEDF expression and the development of endocrine resistance in breast tumors. PEDF expression was examined in primary versus recurrence tumors. A total of 209 breast cancer patients were initially treated with tamoxifen and responded; however, 59 patients developed recurrence disease with an average time to disease progression of 93 months. Immunohistochemical staining was performed on tissue microarrays constructed using recurrence breast tumor tissues ($n = 59$) versus matched primary breast tumor tissues ($n = 59$). Figure 2a shows that PEDF protein was dramatically reduced in the recurrence breast cancer tissue (right panel) compared with the primary breast cancer tissue (middle panel) and the normal breast tissue



(left panel). In particular, we found in the normal breast tissue and to a lesser extent in the primary breast cancer tissue that mammary epithelial cells displayed an intense and widespread staining for PEDF. All of the normal breast tissue stained positive for PEDF, whereas 68% of primary tumors were PEDF-positive and 32.2% were PEDF-negative. In contrast, we found that 47.6% of recurrence tumors were PEDF-positive and 52.4% (31 out of 59) of recurrence tumors were PEDF-negative (Table 1). The number of recurrence tumors that were PEDF-negative was statistically significantly different from the number of primary tumors that were PEDF-negative ($P < 0.000001$) (Table 1). We also examined PEDF expression in endocrine-responsive tumors ($n = 150$) to assess whether PEDF expression correlated with response to endocrine therapy. We found that ~83.3% of endocrine-responsive tumors were PEDF-positive and 16.7% were PEDF-negative, which was significantly different from the

number of recurrence tumors that were PEDF-negative ($P < 0.000001$) or PEDF-positive ($P < 0.00008$) (Table 1). Overall, these data show that patients who had the worst response to endocrine therapy (defined as progressive disease) had significantly lower PEDF expression than those who had the best response to endocrine therapy (defined as complete response) and that poor clinical response to endocrine therapy is associated with PEDF deficiency in primary breast carcinomas. Notably, Cai and colleagues previously reported that PEDF expression was significantly reduced in breast cancer tissues compared with normal breast tissue [24]; however, these investigators did not examine whether PEDF expression correlated with response to endocrine therapy or acquired resistance. Since loss of ERα has been shown to be associated with the development of endocrine resistance in breast cancer, we assessed ERα status in the primary tumors versus the recurrence tumors using immunohistochemistry. We

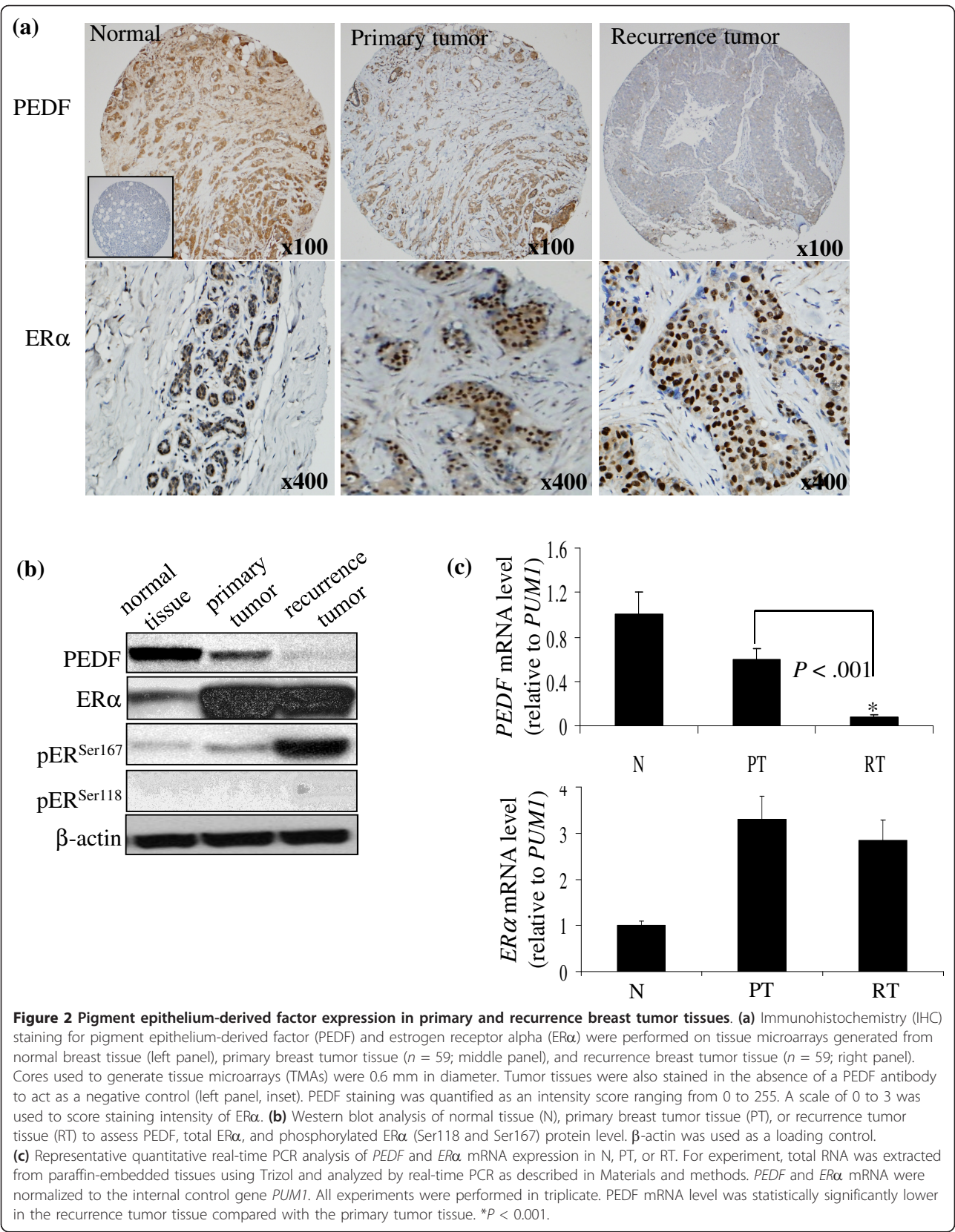


Table 1 Pigment epithelium-derived factor expression in normal versus breast tumor tissue samples

Tissue sample	n	PEDF status	Intensity score
Recurrence tumors	28 (47.6%) ^a	Positive	> 150
	31 (52.4%) ^b	Negative	≤ 25
Primary tumors	40 (67.8%) ^a	Positive	> 150
	19 (32.2%) ^b	Negative	≤ 25
Endocrine-responsive tumors	125 (83.3%) ^c	Positive	> 150
	25 (16.7%) ^d	Negative	≤ 25
Normal tissue	5 (100%)	Positive	≥ 200
	0 (0%)	Negative	≤ 25

A total of 209 breast cancer patients were initially treated with tamoxifen and 59 patients developed recurrence disease after a mean follow-up of 93 months. Immunohistochemistry (IHC) staining was performed on tissue microarrays (TMAs) constructed from recurrence breast tumors ($n = 59$) and matched primary breast tumors ($n = 59$). Normal background breast tissue was also used for comparison. TMAs were also constructed from endocrine-responsive tumor tissues ($n = 150$). A semi-automated quantitative image analysis system (ACIS II) was used to quantitate the staining of the TMA slides. For IHC analysis, pigment epithelium-derived factor (PEDF) staining was quantified as an intensity score (scale 0 to 255). ^a $P < 0.00003$, number of PEDF-positive recurrence tumors versus PEDF-positive primary tumors. ^b $P < 0.000001$, number of PEDF-negative recurrence tumors versus PEDF-negative primary tumors. ^c $P < 0.00008$, number of PEDF-positive recurrence tumors versus PEDF-positive endocrine-responsive tumors. ^d $P < 0.000001$, number of PEDF-negative recurrence tumors versus PEDF-negative endocrine-responsive tumors.

found that ER α protein was expressed at high levels (+3) in both the primary and the recurrence tumors and that there was no significant difference in ER α expression between the primary versus the recurrence tumors (Figure 2a). Western blot and real-time PCR analyses were also performed on the primary and recurrence breast tumor tissues to determine PEDF and ER α protein and the mRNA status. Figure 2b shows that the PEDF protein level was markedly reduced in the recurrence tumors compared with the primary tumors; however, the total ER α protein level was similar between the two groups with a similar trend observed for PEDF mRNA and ER α mRNA (Figure 2c). We should note that while the total ER α expression level was similar in the primary tumors versus the recurrence tumors, p^{ser167}ER protein was markedly elevated in the recurrence tumors versus the primary tumors.

PEDF silencing confers resistance to tamoxifen in breast cancer cells and its stable expression sensitizes resistant cells to endocrine therapy

To establish a causal connection between PEDF expression and endocrine resistance, we explored the functional consequences of PEDF silencing on tamoxifen sensitivity in endocrine-sensitive MCF-7 and T47D breast cancer cells. Cells were transiently transfected with either PEDF siRNA or nontarget control siRNA for 72 hours and PEDF silencing was quantified by western blot and quantitative RT-PCR analyses. As shown in Figure 3a (top panel), PEDF siRNA dramatically reduced PEDF protein and mRNA levels in both MCF-7 and T47D cells compared with the nontarget control siRNA. PEDF knockdown cells were then treated with 1 μ M 4OHT, the active metabolite of tamoxifen, and cell growth was determined after 72 hours using a DNA proliferation assay kit. As shown in Figure 3a (middle panel), PEDF silencing significantly ($P < 0.01$) reduced the sensitivity of MCF-7 and T47D cells to

4OHT compared with cells transfected with the nontarget control siRNA. Specifically, we found that 1 μ M 4OHT inhibited the growth of MCF-7 and T47D cells transfected with the nontarget control siRNA by 92% and 87%, respectively, whereas 4OHT reduced the growth in PEDF-knockdown MCF-7 and T47D cells by 45.6% and 54%, respectively. PEDF-knockdown MCF-7 and T47D cells were also treated with 1 μ M 4OHT for 72 hours and cell proliferation was determined by counting viable cells using trypan blue exclusion. Figure 3a (bottom panel) showed that 4OHT reduced the proliferation of MCF-7 and T47D cells transfected with the control siRNA by ~85 to 90%; however, in the PEDF knockdown cells, the ability of 4OHT to inhibit proliferation was significantly reduced compared with 4OHT-treated cells transfected with the control siRNA ($P < 0.01$).

Since MCF-7:5C and BT474 breast cancer cells are resistant to tamoxifen and they express low levels of PEDF, we next examined whether stable expression of PEDF in these cells would sensitize them to the inhibitory effects of tamoxifen. We used a lentiviral construct encoding the full-length human PEDF cDNA to stably express PEDF in MCF-7:5C and BT474 cells. The efficiency of PEDF lentiviral transduction of MCF-7:5C and BT474 cells was confirmed by western blot analysis. As shown in Figure 3b (top panel), PEDF expression was very high in the lentiviral transduced cells, 5C-PEDF and BT474-PEDF, compared with the untransduced cells, MCF-7:5C and BT474. Following confirmation of PEDF overexpression, transduced 5C-PEDF and BT474-PEDF cells were treated with 10^{-12} to 10^{-6} M of 4OHT for 7 days and cell growth was determined using a DNA quantitation assay. As shown in Figure 3b (middle panel), 4OHT treatment reduced the growth of transduced 5C-PEDF and BT474-PEDF cells in a dose-dependent manner with maximum inhibition at 100 nM compared with

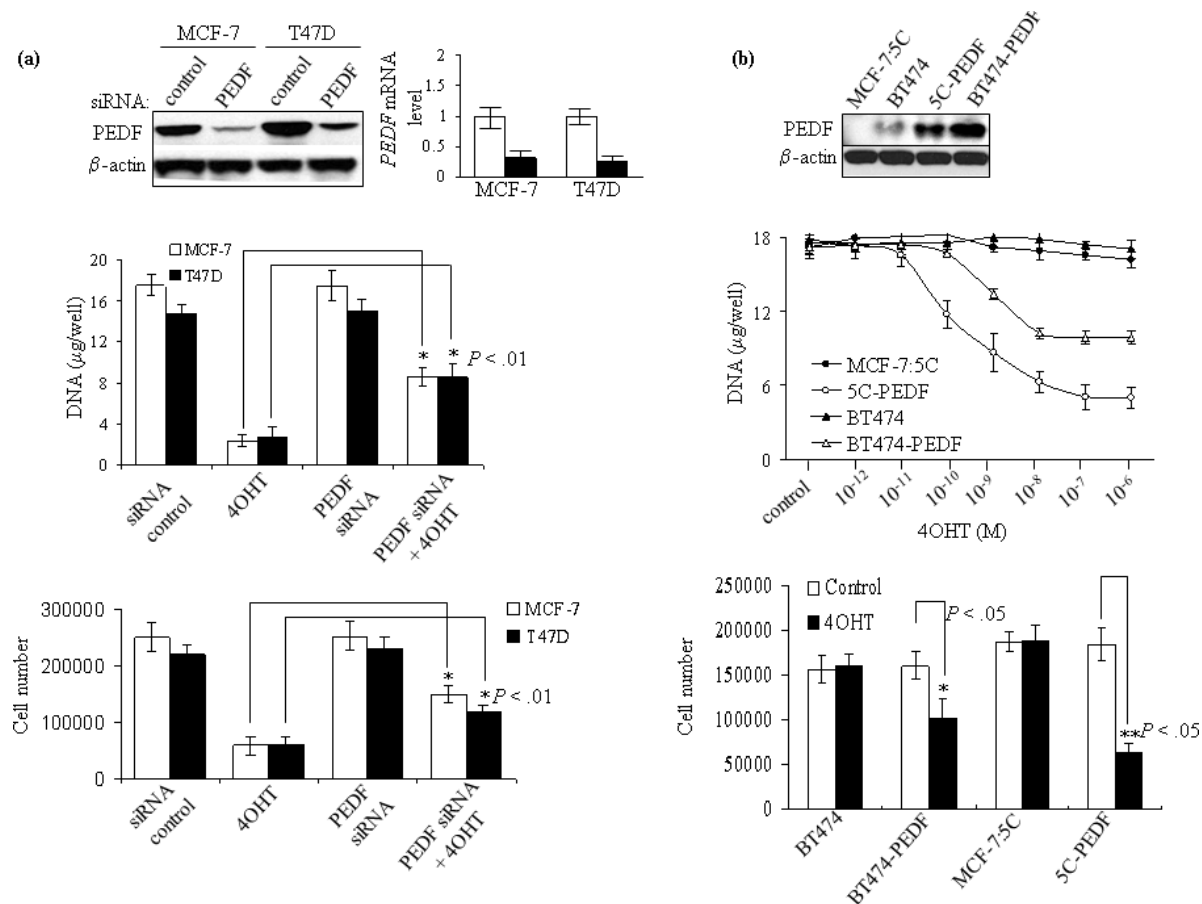


Figure 3 Knockdown of pigment epithelium-derived factor expression by siRNA reduces tamoxifen sensitivity in breast cancer cells.

(a) siRNA-mediated reduction of pigment epithelium-derived factor (PEDF) expression in MCF-7 and T47D breast cancer cells was performed as described in Materials and methods. Cells were transfected with PEDF or control siRNA for 72 hours and PEDF protein and mRNA levels were determined by western blot and real-time PCR analyses. Transfected cells were also treated with 1 μ M 4-hydroxytamoxifen (4OHT) for 72 hours and cell proliferation was determined by DNA quantitation assay and by cell counting using trypan blue exclusion. All experimental points are given as the average of triplicates. **(b)** Stable expression of PEDF in endocrine-resistant MCF-7:5C and BT474 breast cancer cells sensitized them to tamoxifen. A lentiviral construct encoding the human PEDF cDNA was used to stably express PEDF in MCF-7:5C and BT474 cells. Western blot analysis was used to confirm stable expression of PEDF protein in MCF-7:5C and BT474 cells (top panel). To determine the effect of PEDF expression on tamoxifen sensitivity, lentiviral transduced 5C-PEDF and BT474-PEDF cells were treated with 10^{-12} M to 10^{-6} M 4OHT for 72 hours and cell proliferation was determined by DNA quantitation assay (middle panel) and by cell counting using trypan blue exclusion (bottom panel). All experimental points are given as the average of triplicates. Assays were performed twice.

untransduced MCF-7:5C and BT474 cells that showed no response to 4OHT at any of the concentrations tested. We confirmed that the inhibitory effect of 4OHT in 5C-PEDF and BT474-PEDF cells was due to a reduction in cell proliferation/viability as determined by trypan blue exclusion and that the re-expression of PEDF in MCF-7:5C and BT474 cells significantly ($P < 0.05$) enhanced their sensitivity to 4OHT compared with the untransduced cells (Figure 3b, bottom panel).

Effect of PEDF expression on ER α signaling in endocrine-resistant MCF-7:5C cells

Since our tissue microarray data showed increased expression of p^{Ser167}ER α in endocrine-resistant tumors

that expressed low levels of PEDF, we examined the effect of PEDF re-expression on ER α signaling in endocrine-resistant MCF-7:5C cells that are PEDF-negative. We found that stable expression of PEDF in MCF-7:5C cells (5C-PEDF) dramatically reduced the protein levels of ER α , p^{Ser167}ER α , pAKT, and the proto-oncogenic receptor tyrosine kinase RET, which were constitutively elevated in the untransduced MCF-7:5C cells but not parental MCF-7 cells (Figure 4a). Furthermore, we found that treatment of MCF-7:5C cells with 100 nM rPEDF markedly reduced the phosphorylation level of ER α and RET protein in these cells (Figure 4b) and it significantly reduced ER α transcriptional activity in these cells (Figure 4c). In particular, we found that basal

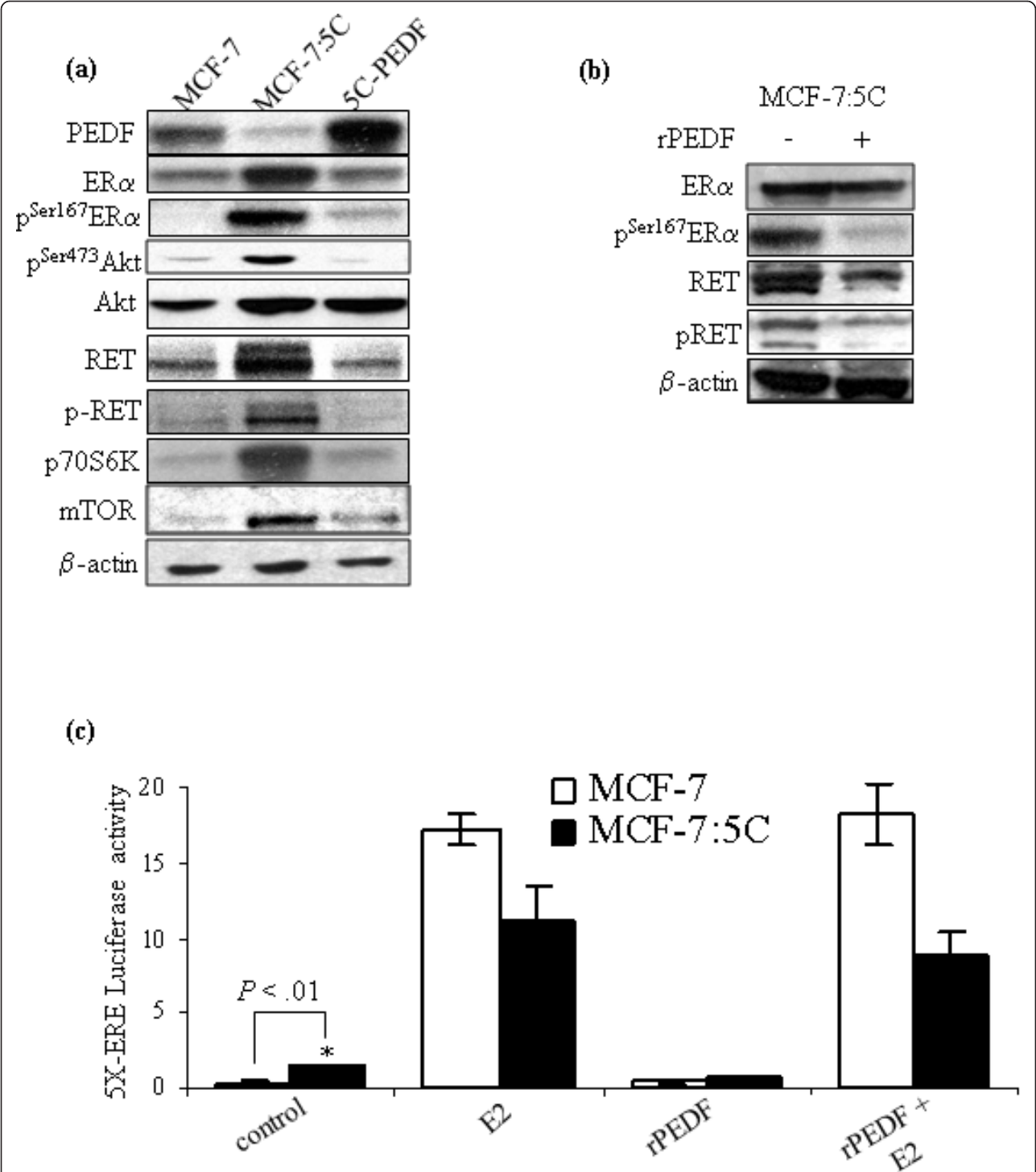


Figure 4 Effect of recombinant pigment epithelium-derived factor on the estrogen receptor alpha signaling pathway. (a) Western blot analysis of pigment epithelium-derived factor (PEDF), estrogen receptor alpha (ER α), phospho-ER, phospho-Akt, mitogen-activated protein kinase (MAPK), phospho-MAPK, rearranged during transfection (RET), pRET, p70S6K, and mammalian target of rapamycin (mTOR) protein expression in MCF-7, MCF-7:5C, and 5C-PEDF cells. **(b)** Effect of recombinant PEDF on ER α , pER α , RET, and pRET (Y1062) protein expression in MCF-7:5C cells. Cells were treated with 100 nM recombinant PEDF (rPEDF) protein for 24 hours and cell lysates were analyzed by western blot. β -actin was used as a loading control. **(c)** Effect of rPEDF on estrogen response element (ERE) luciferase activity in MCF-7 and MCF-7:5C cells. MCF-7 and MCF-7:5C cells were grown in estrogen-free RPMI media and then co-transfected with a 5 \times ERE luciferase plasmid and a renilla reporter plasmid for 24 hours. Following transfection, cells were treated with 1 nM 17 β -estradiol (E2), 100 nM rPEDF, or E2 + rPEDF for 24 hours and luciferase activity was measured. Values presented as relative luciferase activity after normalization to Renilla luciferase activity. Data expressed as mean \pm standard deviation of the results obtained from triplicate experiments. Basal ERE activity was statistically significantly higher in MCF-7:5C cells compared with MCF-7 cells. * $P < 0.01$.

ERE luciferase activity was significantly higher (~3.3-fold) in endocrine-resistant MCF-7:5C cells compared with endocrine-sensitive MCF-7 cells and treatment with rPEDF completely suppressed the basal ERE activity in MCF-7:5C cells and it significantly reduced E2-induced ERE activity in these cells (Figure 4c). Noteworthy is that pAKT and RET are known to enhance phosphorylation of ER α at Ser118 and Ser167, which is associated with increased ER α transcriptional activity and tamoxifen resistance [36]. The fact that stable expression of PEDF and the administration of rPEDF protein in MCF-7:5C cells was able to suppress p^{Ser167}-ER α , p-AKT, and RET expression suggests a potential crosstalk between PEDF, ER α and RET in these cells. This finding highlights a potential mechanism by which silencing/loss of PEDF might contribute to the development of resistance in MCF-7:5C cells. We should note that re-expression of PEDF in BT474 cells did not significantly alter ER α phosphorylation status or RET expression in these cells; however, it did slightly reduce HER2 expression in these cells (data not shown).

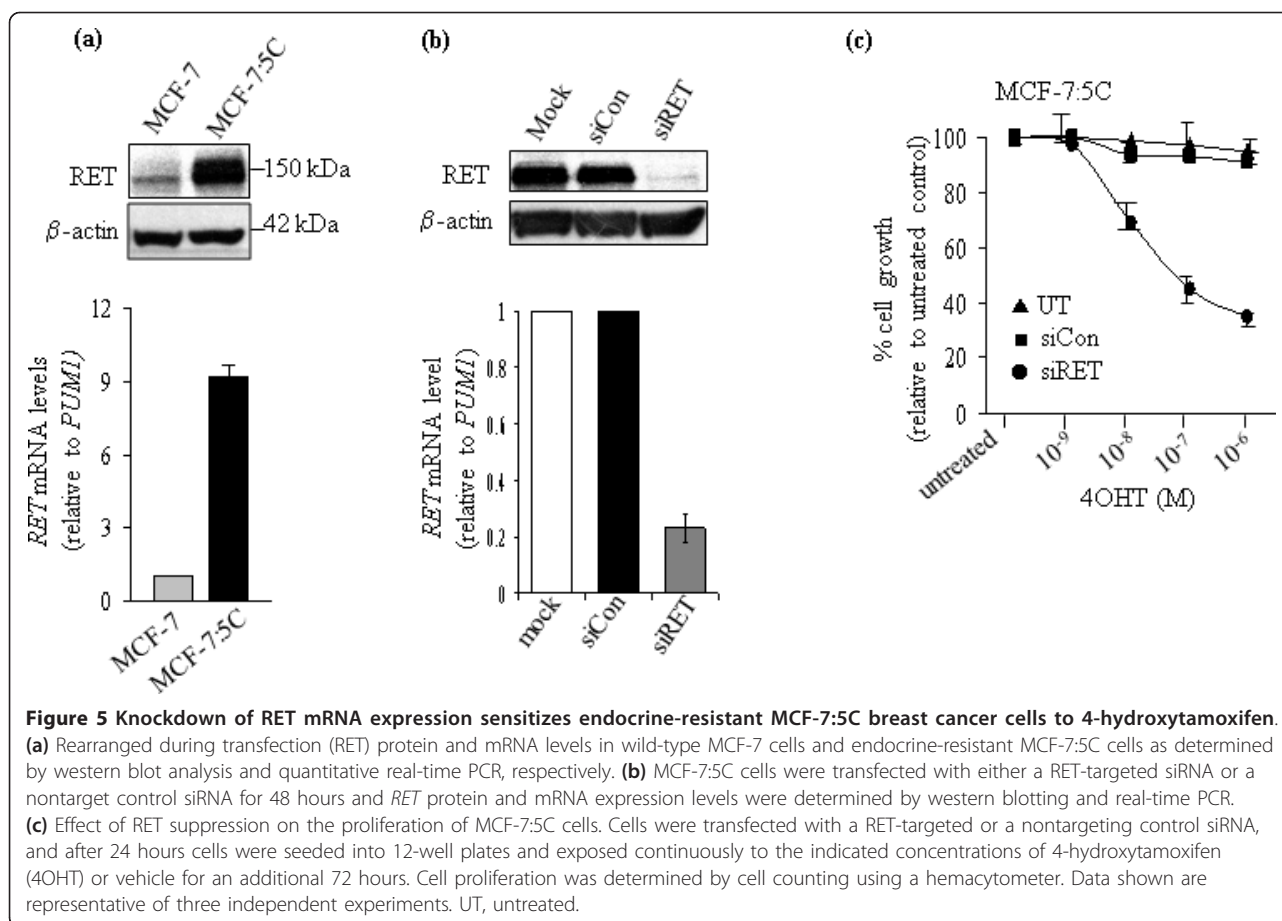
Downregulation of RET reverses tamoxifen resistance in MCF-7:5C breast cancer cells

Previous studies have shown that a subset of ER α -positive breast cancers express high levels of mRNA transcripts encoding *RET* and that RET signaling in ER α -positive breast cancer cell lines can result in the activation of MAPK and AKT, which are important regulators of ER α phosphorylation [43,44]. More recently, RET signaling has been implicated in estrogen-independent growth and tamoxifen resistance in breast cancer, potentially through ER α phosphorylation and ligand-independent transcriptional regulation [43-45]. Since our data showed that re-expression of PEDF suppressed RET, ER α and AKT in endocrine-resistant MCF-7:5C cells, we examined the biological effect of RET in endocrine-sensitive MCF-7 breast cancer cells and estrogen-independent and tamoxifen-resistant MCF-7:5C cells. As shown in Figure 5a, RET protein and mRNA levels were markedly increased in endocrine-resistant MCF-7:5C cells compared with MCF-7 cells. Transfection of MCF-7:5C cells with RET siRNA completely downregulated RET protein and mRNA levels (Figure 5b) in these cells. Dose-response survival curves performed over a range of 4OHT concentrations from 10^{-9} to 10^{-6} M confirmed that the untreated and siRNA control-treated MCF-7:5C cells were indeed resistant to 4OHT treatment (Figure 5c). In contrast, RET downregulation resulted in a profound increase in sensitivity to 4OHT (Figure 5c). These results indicate that there might be potential crosstalk between PEDF, RET, and ER α signaling pathways and that RET targeting might be a viable strategy to resensitize resistant breast cancers to endocrine therapy.

PEDF inhibits endocrine-resistant breast cancer cell growth *in vitro* and exhibits anti-tumor activity *in vivo*

Although our studies have shown that PEDF is capable of modulating ER α and RET signaling pathways in endocrine-resistant breast cancer cells, it is worth noting that the most well-known function of PEDF is its ability to inhibit angiogenesis. We therefore examined the effect of rPEDF on the proliferation of endocrine-sensitive MCF-7 and endocrine-resistant MCF-7:5C breast cancer cells. As shown in Figure 6a, rPEDF significantly ($P < 0.001$) reduced the growth of resistant MCF-7:5C cells but had no effect on parental MCF-7 cells. The growth-inhibitory effect of rPEDF was concentration dependent, with maximum inhibition (~90%) observed at 100 nM, and this inhibitory effect of rPEDF was completely blocked by the addition of antibodies specific to PEDF, thus confirming that the effect of PEDF was specific. To determine whether the anti-proliferative effect of rPEDF on MCF-7:5C cells was due to apoptosis, we next performed a TUNEL assay. Figure 6b showed that rPEDF (100 nM) markedly increased apoptosis in MCF-7:5C cells, with 41.8% of cells being TUNEL-positive, compared with the untreated (control) cells that showed very few TUNEL-positive cells. Because rPEDF treatment caused endocrine-resistant MCF-7:5C cells to undergo apoptosis, we also examined whether knockdown of PEDF expression in MCF-7 cells would cause them to undergo apoptosis. We found that PEDF knockdown in MCF-7 cells did not inhibit the growth of these cells or cause them to undergo apoptosis in the presence of rPEDF (data not shown), thus confirming that the ability of rPEDF to induce apoptosis is specific for MCF-7:5C cells.

Since rPEDF was shown to effectively inhibit the growth of endocrine-resistant MCF-7:5C breast cancer cells *in vitro*, we next evaluated the effect of rPEDF on MCF-7:5C tumor growth *in vivo*. Endocrine-resistant MCF-7:5C breast cancer cells were injected subcutaneously into the mammary fat pads of ovariectomized nude mice. When palpable tumors were established (0.1 cm²), the animals were randomized into two groups and then treated with either rPEDF (4 mg/kg) or PBS vehicle control that was administered every 2 days by intraperitoneal injection. We found that rPEDF reduced the growth of MCF-7:5C tumors at all of the time points examined. The average tumor area was reduced from 0.42 cm² in the PBS-treated group to 0.12 cm² in the rPEDF-treated group (Figure 6c). The differences between the two groups were statistically significant ($P < 0.001$), as calculated by repeated-measures analysis of variance. We next determined whether the anti-tumor activity of rPEDF *in vivo* was due, in part, to its ability to inhibit angiogenesis. For this purpose, MCF-7:5C xenografts were excised at the end of the experiment (day 30) and were sectioned and analyzed by immunohistochemistry using antibody to CD34, a well-known marker



for newly formed blood vessels/angiogenesis. As shown in Figure 6d (top), tumors from mice treated with PBS showed intense staining for CD34, indicating the presence of extensive angiogenesis in the tumors, whereas microvessel density in tumors from mice treated with rPEDF was markedly lower. A 48% reduction in microvessel density was observed in the rPEDF-treated group compared with the PBS-treated group ($P < 0.01$; Figure 6d, bottom panel). These data demonstrate that rPEDF is capable of inhibiting the neovascularization of endocrine-resistant breast carcinoma *in vivo*.

PEDF expression sensitizes endocrine-resistant MCF-7:5C tumors to tamoxifen

Since our *in vitro* data showed that stable expression of PEDF in endocrine-resistant MCF-7:5C cells sensitized them to tamoxifen, we examined whether rPEDF is capable of sensitizing endocrine-resistant MCF-7:5C tumors to tamoxifen in athymic mice. Figure 7a shows that the growth of MCF-7:5C tumors was significantly reduced by rPEDF alone ($P < 0.0001$) but not by tamoxifen alone; however, when rPEDF and tamoxifen were combined the growth of MCF-7:5C tumors was significantly reduced

compared with rPEDF alone ($P < 0.01$) (Figure 7a). For comparison, we also performed similar experiments using MCF-7 and BT474 tumors. We found that MCF-7 tumor growth was significantly inhibited by tamoxifen ($P < 0.0001$) and rPEDF ($P < 0.01$); however, the combination of tamoxifen and rPEDF did not further reduce the growth of these tumors compared with the individual treatments (Figure 7b). BT474 tumor growth was also significantly inhibited by rPEDF alone ($P < 0.001$) and the combination of rPEDF and tamoxifen ($P < 0.05$), but tamoxifen alone had no effect (Figure 7c). We next investigated whether ER α and other signaling proteins were altered in MCF-7:5C tumors treated with rPEDF, tamoxifen, or rPEDF and tamoxifen. Western blot analysis of MCF-7:5C tumor extracts showed that p^{Ser167}ER α , p-Akt, and p-RET protein were markedly reduced in the rPEDF-treated and rPEDF plus tamoxifen-treated samples compared with control or tamoxifen-treated samples (Figure 7d), which is consistent with our *in vitro* data. Overall, these results suggest that rPEDF is capable of inhibiting the growth of endocrine-sensitive MCF-7 tumors as well as endocrine-resistant MCF-7:5C and BT474 tumors, possibly through its anti-angiogenic activity; however, rPEDF is also capable

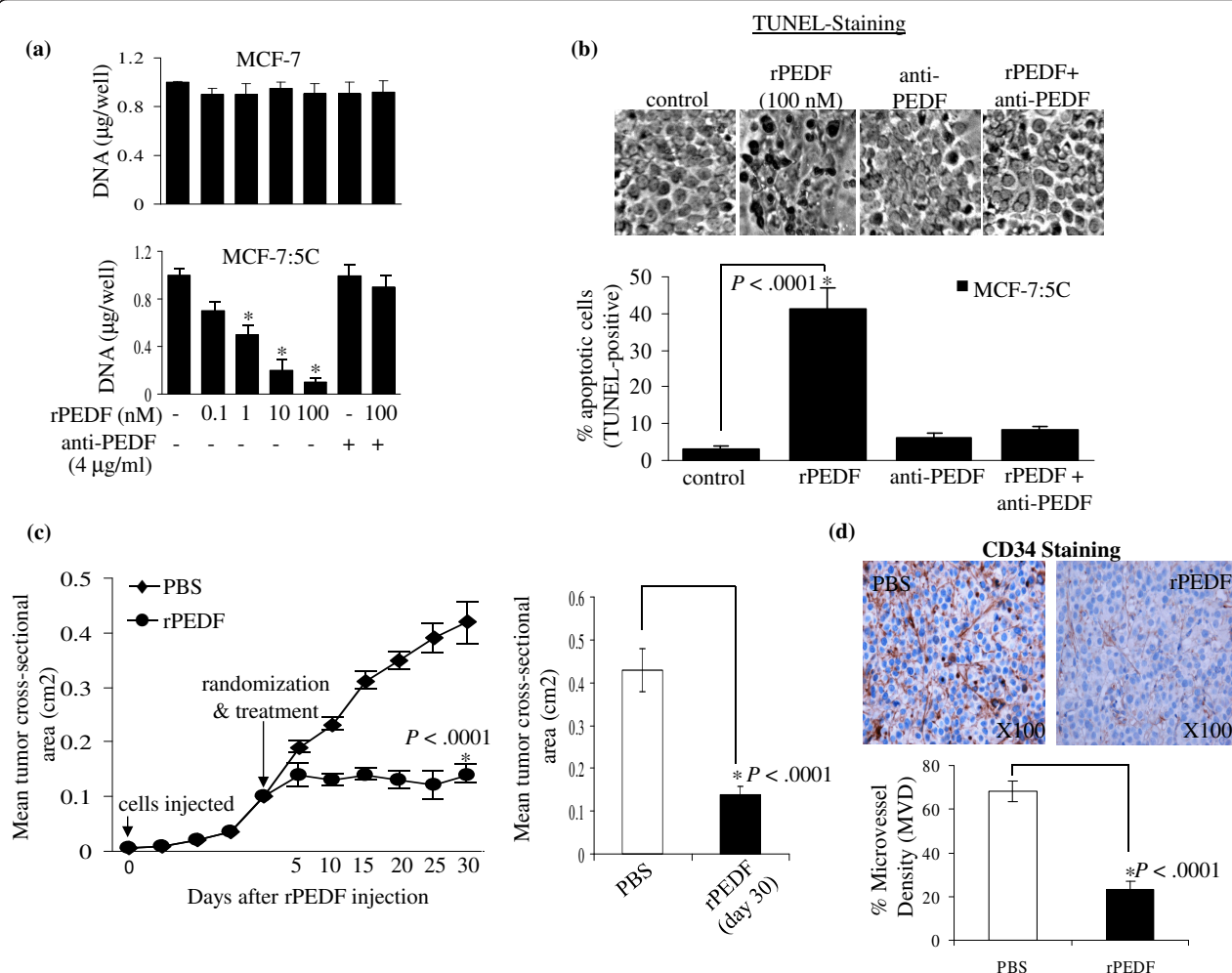


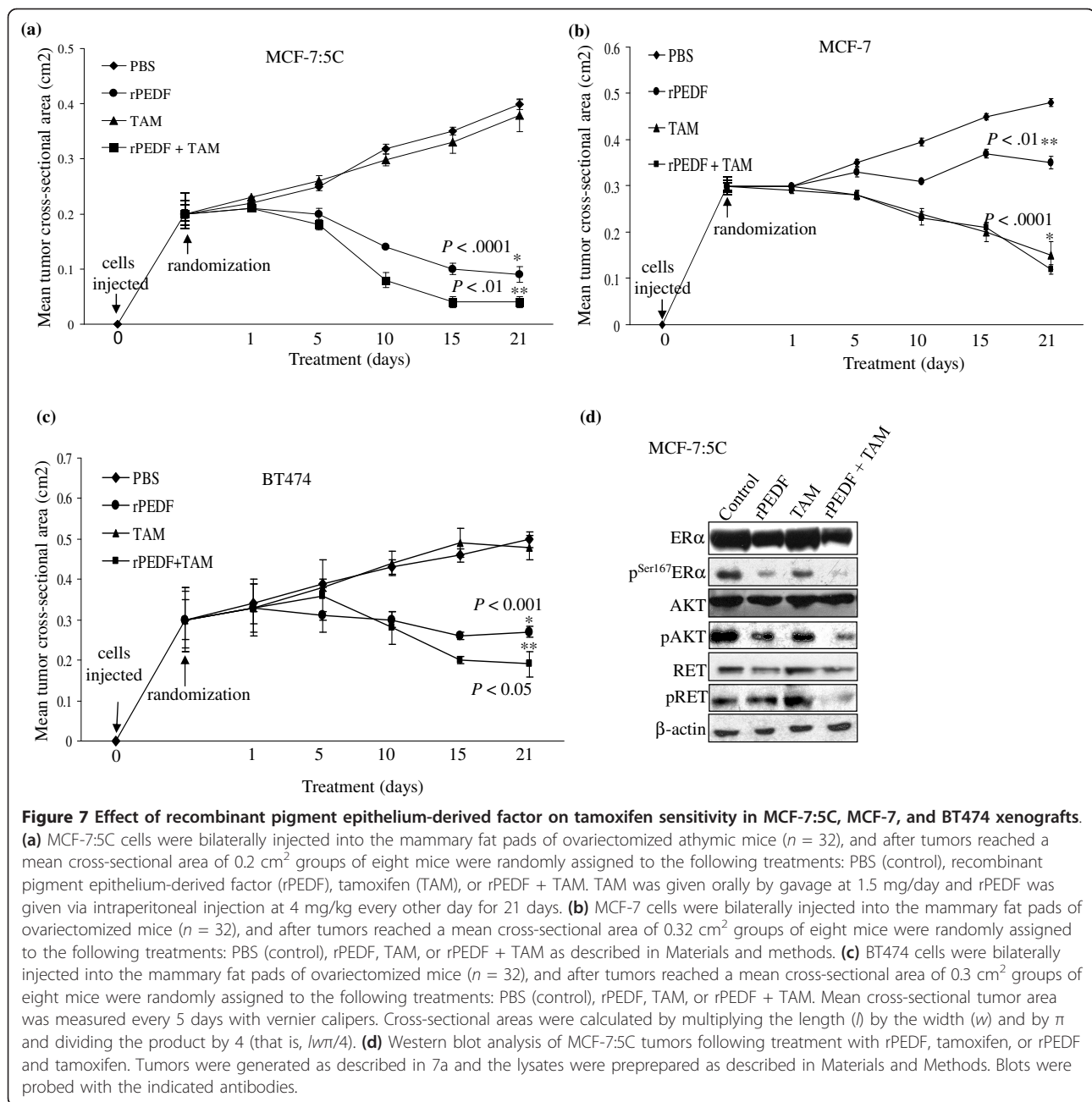
Figure 6 Effect of recombinant pigment epithelium-derived factor (rPEDF) on the growth of endocrine-sensitive MCF-7 and endocrine-resistant MCF-7:5C breast cancer cells *in vitro* and *in vivo*. (a) MCF-7 and MCF-7:5C cells were treated with increasing concentrations of rPEDF, rPEDF + anti-PEDF antibody (anti-PEDF), or anti-PEDF antibody for 7 days, and cell proliferation was determined using a DNA quantitation kit as described in Materials and methods. Experiments were repeated three times, and data are shown as mean \pm standard deviation (SD). * $P < 0.001$ compared with untreated controls. (b) MCF-7:5C cells were treated with rPEDF, anti-rPEDF, or rPEDF + anti-rPEDF for 72 hours and apoptosis was determined by TUNEL staining. Bar graph: summary of percentage of apoptotic cells counted in five fields from three experiments. Data presented as mean \pm SD. (c) Effect of rPEDF on the growth of MCF-7:5C cells *in vivo*. MCF-7:5C cells were bilaterally injected into the mammary fat pad of ovariectomized nude mice, and when tumors reached an area of 0.1 cm² the mice ($n = 15$ /group) were randomized into two treatment groups: PBS or rPEDF. The mean cross-sectional tumor area was measured up to 30 days. Bar graph: mean cross-sectional tumor area in the control group and the PEDF-treated group. (d) Intratumoral microvessel density (MVD) in tumor tissues was determined by immunohistochemical staining by an endothelial-specific antibody CD34; PBS group ($\times 200$) and PEDF group ($\times 200$). Quantitative analysis of microvessel density is also shown. Data presented as mean \pm SD.

of sensitizing MCF-7:5C tumors to tamoxifen, which appears to be associated with its ability to downregulate phosphorylated ER α , Akt, and RET in these tumors.

Discussion

Resistance to endocrine therapy presents a major challenge in the management of ER α -positive breast cancer and is an area under intense investigation. While many studies point towards the cross-talk between ER α and growth factor receptor signaling pathways as the key in

the development of resistance [5,6,46,47], the underlying mechanism is still not fully understood and, as a consequence, effective approaches for preventing and overcoming resistance are not yet available. PEDF is a secreted glycoprotein that was first described in the late 1980s after it was identified and isolated from conditioned medium of cultured primary human fetal retinal pigment epithelial cells [8]. PEDF is ubiquitously expressed in many tissues and possesses potent anti-angiogenic activity, being more than twice as potent as



angiostatin and more than seven times as potent as endostatin [12]. Recent studies indicate that PEDF expression is significantly reduced in a wide range of tumor types and that its re-expression in these tumors delays the onset of primary tumors and decreases metastases [48]. In the present study, we show that loss of PEDF expression in breast cancer is associated with the development of endocrine resistance and that there is functional cross-talk between PEDF and the ER α signaling pathway. Specifically, we found that PEDF protein and mRNA levels were markedly reduced in tamoxifen-resistant

breast tumors and in breast cancer cells that are resistant to AIs and/or tamoxifen. We also found that stable re-expression of PEDF in the resistant cells re-sensitized them to the antiproliferative effects of tamoxifen and that re-expression of PEDF dramatically reduced the expression of the receptor tyrosine kinase RET along with p-AKT and p^{Ser167}ER α . Furthermore, we found that exogenous administration of rPEDF significantly inhibited the growth of endocrine-resistant breast cancer cells *in vitro* and *in vivo* but had no effect on the growth of endocrine-sensitive breast cancer cells *in vitro* with marginal

effect *in vivo*. While PEDF is known to exert anti-tumor activity by inhibiting angiogenesis [49,50] and inducing apoptosis [17], the present study is the first to demonstrate a link between loss of PEDF expression and the development of endocrine resistance and to show that PEDF re-expression is capable of reversing tamoxifen resistance in breast cancer.

During the past decade, researchers have prepared various forms of PEDF and demonstrated its beneficial effects in several tumor models. Doll and colleagues reported that exogenous rPEDF protein induced tumor epithelial apoptosis in mouse prostate and pancreas [13]. Liu and colleagues showed that a short peptide derived from the parent PEDF molecule was able to inhibit osteosarcoma growth [51]. Hase and colleagues demonstrated that intratumoral injection of a lentivirus vector encoding PEDF resulted in inhibition of human pancreatic cancer in nude mice [52]. Moreover, Wang and colleagues showed that *in vivo* transfer of PEDF mediated by adenoviral vectors exerted a dramatic inhibition of tumor growth in athymic nude mice implanted with the human HCC and in C57BL/6 mice implanted with mouse lung carcinoma [53]. In the present study we showed that exogenous rPEDF preferentially induced apoptosis in endocrine-resistant MCF-7:5C and BT474 breast cancer cells compared with endocrine-sensitive MCF-7 cells and that rPEDF partially reversed the tamoxifen-resistant phenotype of MCF-7:5C and BT474 cells *in vitro* and *in vivo*. Interestingly, we found that lentiviral-mediated re-expression of PEDF in the resistant cells also reversed tamoxifen resistance in these cells. Investigation into the mechanism of action of PEDF in the resistant cells indicated that the anti-tumor activity of PEDF *in vivo* was due, in part, to its ability to inhibit angiogenesis, as was demonstrated by a reduction in microvessel density and an increase in apoptosis. Interestingly, we found that exogenous PEDF failed to induce apoptosis in MCF-7 breast cancer cells *in vitro*; however, it significantly inhibited the growth of MCF-7 tumors in athymic mice, which was due to its anti-angiogenic activity. The anti-tumor activity of PEDF, however, was more pronounced in the endocrine-resistant breast cancer cells compared with the endocrine-sensitive cells. We should note that a similar finding was reported by Konson and coworkers in which they showed that exogenous PEDF preferentially induced apoptosis in endothelial cells compared with MDA-MB-231, HCT116, and U87-MG cancer cells [54,55]; however, PEDF efficiently inhibited the growth rate of xenografts generated from these cancer cells. While the reason for this cell-type specific effect of PEDF is not known, there is evidence for multiple PEDF receptors at the cell surface including the recently identified non-integrin 67/37-kDa laminin receptor [56], extracellular matrix components [57], and a phospholipase-linked membrane protein [58]. Differential expression of these receptors on neuronal,

endothelial, and cancer cells may provide a partial explanation for the differential effects on these cell populations. Identification of which of these PEDF receptors are present on cancer cells, as well as further elucidation of signaling downstream of PEDF, could lead to the identification of new pharmacologic targets for both anti-cancer and neuronal survival therapies. We are currently trying to determine whether there is a specific PEDF receptor expressed in breast cancer cells and whether the functional activity of the receptor is altered by the endocrine responsiveness of the cells.

Apart from its ability to inhibit angiogenesis, we also found that PEDF suppressed RET expression in endocrine-resistant breast cancer cells and that this suppression was associated with the reversal of tamoxifen resistance. Specifically, we found that basal RET, p-RET, ER α , and p^{Ser167}-ER α protein levels were markedly increased in endocrine-resistant MCF-7:5C cells compared with endocrine-sensitive MCF-7 cells and stable expression of PEDF in MCF-7:5C cells or treatment of these cells with rPEDF-suppressed RET, p-RET, and p^{Ser167}-ER α protein in these cells. Furthermore, we found that suppression of RET expression using siRNA knockdown also reversed tamoxifen resistance in MCF-7:5C cells, which suggests a role for RET in tamoxifen resistance. This finding is important because recent studies have indicated that RET is involved in the biology of ER α -positive breast cancers [43,44] and in the response to endocrine treatment [45]. Two independent studies have identified RET overexpression in a subset of ER α -positive breast cancers [43,44], suggesting an important role of RET in this subset. By *in situ* hybridization, in a cohort of 245 invasive breast cancers, RET mRNA was detected in 29.7% of the tumors and preferentially expressed in ER-positive cases. Subsequent studies in the same cohort of patient samples corroborated that increased RET mRNA levels correlated with increased RET protein expression. Similar findings were reported for many breast cancer cell lines where RET expression correlated strongly with ER α expression and/or ErbB2/HER2 overexpression [43].

RET is a receptor tyrosine kinase protein of 150 kDa that is expressed and required during early development for the formation of neural crest-derived lineages, kidney organogenesis, and spermatogenesis [59]. RET is considered the driving oncogene in various neoplasms of the thyroid, where specific mutations lead to defined tumor types [60-62]. The RET protein spans the cell membrane, so that one end of the protein remains inside the cell and the other end projects from the outer surface of the cell. This positioning of the protein allows it to interact with specific factors outside the cell and to receive signals that help the cell respond to its environment. When molecules that stimulate growth and development such as growth factors attach to the RET protein, a complex cascade of

chemical reactions inside the cell is triggered. These reactions instruct the cell to undergo certain changes, such as dividing or maturing to take on specialized functions. RET is the receptor for a family of glial-derived neurotrophic factor (GDNF) ligands, which includes GDNF, artemin, neurturin, and persephin [60,63]. These ligands bind RET in conjunction with glycosylphosphatidylinositol-anchored co-receptors of the GDNF receptor alpha family, and the ligand-co-receptor-RET complex formation results in transient RET dimerization and activation of the RET tyrosine kinase domain. RET protein dimerization results in autophosphorylation of several intracellular RET tyrosine residues, and these autophosphorylation sites serve as binding sites for a variety of docking proteins. In particular, the tyrosine Y1062 has been shown to bind Src homology and collagen, insulin receptor substrate1/2, fibroblast growth factor receptor substrate 2, and protein kinase C alpha. These proteins are able to activate multiple signaling pathways, including MAPK, PI3K/AKT, RAS/extracellular signal-regulated kinase and Rac/c-jun NH kinase, which are mediators of cell motility, proliferation, differentiation, and survival [64]. While our present study indicates that PEDF is capable of suppressing RET signaling in endocrine-resistant cells, we do not know the exact mechanism by which this occurs. We should note that RET is the receptor for several ligands including GDNF, which is a potent neurotrophic factor similar to PEDF. Like other trophic factors, PEDF is thought to exert its biological effects by specifically binding and activating one or more receptors. While PEDF receptors have not yet been fully characterized, there is a possibility that PEDF, like GDNF, is able to bind to RET and thus regulate its expression and activity in breast cancer cells. This possibility is currently being investigated in our laboratory.

RET and other growth factor receptor tyrosine kinases are known to activate ER α through phosphorylation [36]. The ER α contains two distinct transcription activation domains, AF-1 and AF-2, which can function independently or synergistically. AF-2 is located in the ligand-binding domain region of ER α and its activity is dependent on estrogen binding, whereas AF-1 activity is regulated by phosphorylation that can occur independently of estrogen binding [5]. The extracellular signal-regulated kinase 1/2 pathway phosphorylates ER α directly and/or via p90RSK, whereas AKT phosphorylates ER α directly and/or via mTOR. In contrast, RET increases ER α phosphorylation at Ser118 and Ser167 through activation of the mTOR/p70S6K pathway [43,59,65], which can be independent of the PI3K/AKT pathway. Notably, p70S6K, mTOR, and p-AKT were also constitutively overexpressed in endocrine-resistant MCF-7:5C cells prior to stable expression of PEDF in these cells. In addition, basal ER α transcriptional activity, as determined by ERE luciferase assay, was significantly elevated in MCF-7:5C cells compared with wild-type MCF-7 cells, and

treatment of these cells with rPEDF inhibited phosphorylation of ER α and RET and suppressed the basal ERE activity in these cells. Interestingly, we found that suppression of RET expression using siRNA and inhibition of the mTOR pathway using rapamycin was able to reverse tamoxifen resistance in MCF-7:5C cells; however, inhibition of the PI3K/AKT pathway in these cells did not reverse their tamoxifen-resistant phenotype but it did reduce their hormone-independent growth. Notably, crosstalk between RET and ER α has previously been reported by Plaza-Menacho and coworkers, who showed that activation of RET by its ligand GDNF increased ER α phosphorylation on Ser118 and Ser167 and increased estrogen-independent activation of ER α transcriptional activity [45]. Further, they identified mTOR as a key component in this downstream signaling pathway and they showed in tamoxifen-resistant (TAM_R-1) MCF-7 cells that targeting RET restored tamoxifen sensitivity.

Conclusion

In summary, we have found that PEDF expression is markedly reduced in endocrine-resistant breast cancer and that stable expression of PEDF in endocrine-resistant cells restores their sensitivity to tamoxifen by suppressing RET and ER α signaling. The ability of PEDF to suppress RET signaling in endocrine-resistant cells is a newly identified function of PEDF that is independent of its most well-known function as a potent endogenous anti-angiogenic factor. This finding suggests that PEDF expression in breast cancer might be an important marker of endocrine responsiveness and that loss of PEDF might be a potential hallmark for the development of endocrine resistance. The fact that PEDF is endogenously produced and is widely expressed throughout the body reduces the likelihood that it will have adverse side effects like other synthetic agents or develop drug resistance. However, we should caution that relatively little is known of the overall physiologic role of PEDF in the human body; hence, further investigation is required before any clinical trial can be initiated.

Abbreviations

AI: aromatase inhibitor; DMEM: Dulbecco modified eagle's medium; ER: estrogen receptor; ERE: estrogen response element; E2: 17 β -estradiol; FBS: fetal bovine serum; GDNF: glial cell-derived neurotrophic factor; 4OHT: 4-hydroxytamoxifen; iRNA: interfering RNA; MAPK: mitogen-activated protein kinase; mTOR: mammalian target of rapamycin; PBS: phosphate-buffered saline; PCR: polymerase chain reaction; PEDF: pigment epithelium-derived factor; PI3K: phosphoinositide 3-kinase; rPEDF: recombinant pigment epithelium-derived factor; RET: rearranged during transfection; RT: reverse transcriptase; siRNA: small interfering RNA; TUNEL: terminal deoxynucleotidyl transferase-mediated dUTP nick end-labeling.

Acknowledgements

This work was supported by grants from the National Institutes of Health National Cancer Institute (K01CA120051 01A2; supporting JL-W), the Department of Defense (W81XWH-12-1-0139; supporting JL-W and RJ) and the Hollenbach Foundation (supporting JL-W and RJ). The authors wish to

acknowledge the Tumor Bank Facility at The Research Institute of Fox Chase Cancer Center for providing the breast tumor tissues for this study and the Laboratory Animal Facility for helping with the care of the animals used in this study. The authors wish to also thank Dr Christel Wambi for his insightful feedback and critical evaluation of this manuscript.

Author details

¹Cancer Biology Program, The Research Institute of Fox Chase Cancer Center, 333 Cottman Avenue, Philadelphia, PA 19111, USA. ²Department of Pathology, The Research Institute of Fox Chase Cancer Center, 333 Cottman Avenue, Philadelphia, PA 19111, USA.

Authors' contributions

RJ performed the *in vitro* studies. MH constructed the tissue microarrays and performed all of the immunohistochemistry experiments. JL-W conceived the study, participated in the research design and implementation of the study, analyzed and interpreted the data, and drafted the manuscript. All authors read and approved the final manuscript for publication.

Competing interests

The authors declare that they have no competing interests.

Received: 13 June 2012 Revised: 18 October 2012

Accepted: 9 November 2012 Published: 14 November 2012

References

- Anderson WF, Chatterjee N, Ershler WB, Brawley OW: **Estrogen receptor breast cancer phenotypes in the Surveillance, Epidemiology, and End Results database.** *Breast Cancer Res Treat* 2002, **76**:27-36.
- Allred DC, Harvey JM, Berardo M, Clark GM: **Prognostic and predictive factors in breast cancer by immunohistochemical analysis.** *Mod Pathol* 1998, **11**:155-168.
- Tamoxifen for early breast cancer: an overview of the randomised trials. Early Breast Cancer Trialists' Collaborative Group. *Lancet* 1998, **351**:1451-1467.
- Goss PE, Strasser K: **Aromatase inhibitors in the treatment and prevention of breast cancer.** *J Clin Oncol* 2001, **19**:881-894.
- Ali S, Coombes RC: **Endocrine-responsive breast cancer and strategies for combating resistance.** *Nat Rev Cancer* 2002, **2**:101-112.
- Clarke R, Liu MC, Bouker KB, Gu Z, Lee RY, Zhu Y, Skaar TC, Gomez B, O'Brien K, Wang Y, Hilakivi-Clarke LA: **Antiestrogen resistance in breast cancer and the role of estrogen receptor signaling.** *Oncogene* 2003, **22**:7316-7339.
- Fan P, Yue W, Wang JP, Aiyar S, Li Y, Kim TH, Santen RJ: **Mechanisms of resistance to structurally diverse antiestrogens differ under premenopausal and postmenopausal conditions: evidence from in vitro breast cancer cell models.** *Endocrinology* 2009, **150**:2036-2045.
- Becerra SP: **Structure-function studies on PEDF. A noninhibitory serpin with neurotrophic activity.** *Adv Exp Med Biol* 1997, **425**:223-237.
- Becerra SP, Sagasti A, Spinella P, Notario V: **Pigment epithelium-derived factor behaves like a noninhibitory serpin. Neurotrophic activity does not require the serpin reactive loop.** *J Biol Chem* 1995, **270**:25992-25999.
- Barnstable CJ, Tombran-Tink J: **Neuroprotective and antiangiogenic actions of PEDF in the eye: molecular targets and therapeutic potential.** *Prog Retin Eye Res* 2004, **23**:561-577.
- Filleur S, Nelius T, de Riese W, Kennedy RC: **Characterization of PEDF: a multi-functional serpin family protein.** *J Cell Biochem* 2009, **106**:769-775.
- Dawson DW, Volpert OV, Gillis P, Crawford SE, Xu H, Benedict W, Bouck NP: **Pigment epithelium-derived factor: a potent inhibitor of angiogenesis.** *Science* 1999, **285**:245-248.
- Doll JA, Stellmach VM, Bouck NP, Bergh AR, Lee C, Abramson LP, Cornwell ML, Pins MR, Borenstein J, Crawford SE: **Pigment epithelium-derived factor regulates the vasculature and mass of the prostate and pancreas.** *Nat Med* 2003, **9**:774-780.
- Ek ET, Dass CR, Choong PF: **Pigment epithelium-derived factor: a multimodal tumor inhibitor.** *Mol Cancer Ther* 2006, **5**:1641-1646.
- Ek ET, Dass CR, Choong PF: **PEDF: a potential molecular therapeutic target with multiple anti-cancer activities.** *Trends Mol Med* 2006, **12**:497-502.
- Fernandez-Garcia NI, Volpert OV, Jimenez B: **Pigment epithelium-derived factor as a multifunctional antitumor factor.** *J Mol Med* 2007, **85**:15-22.
- Takenaka K, Yamagishi S, Jinnouchi Y, Nakamura K, Matsui T, Imaizumi T: **Pigment epithelium-derived factor (PEDF)-induced apoptosis and inhibition of vascular endothelial growth factor (VEGF) expression in MG63 human osteosarcoma cells.** *Life Sci* 2005, **77**:3231-3241.
- Volpert OV, Zaichuk T, Zhou W, Reiher F, Ferguson TA, Stuart PM, Amin M, Bouck NP: **Inducer-stimulated Fas targets activated endothelium for destruction by anti-angiogenic thrombospondin-1 and pigment epithelium-derived factor.** *Nat Med* 2002, **8**:349-357.
- Chen L, Zhang SS, Barnstable CJ, Tombran-Tink J: **PEDF induces apoptosis in human endothelial cells by activating p38 MAP kinase dependent cleavage of multiple caspases.** *Biochem Biophys Res Commun* 2006, **348**:1288-1295.
- Halin S, Wikstrom P, Rudolfsson SH, Stattin P, Doll JA, Crawford SE, Bergh A: **Decreased pigment epithelium-derived factor is associated with metastatic phenotype in human and rat prostate tumors.** *Cancer Res* 2004, **64**:5664-5671.
- Uehara H, Miyamoto M, Kato K, Ebihara Y, Kaneko H, Hashimoto H, Murakami Y, Hase R, Takahashi R, Mega S, Shichinohe T, Kawarada Y, Itoh T, Okushiba S, Kondo S, Katoh H: **Expression of pigment epithelium-derived factor decreases liver metastasis and correlates with favorable prognosis for patients with ductal pancreatic adenocarcinoma.** *Cancer Res* 2004, **64**:3533-3537.
- Guan M, Yam HF, Su B, Chan KP, Pang CP, Liu WW, Zhang WZ, Lu Y: **Loss of pigment epithelium derived factor expression in glioma progression.** *J Clin Pathol* 2003, **56**:277-282.
- Cheung LW, Au SC, Cheung AN, Ngan HY, Tombran-Tink J, Auersperg N, Wong AS: **Pigment epithelium-derived factor is estrogen sensitive and inhibits the growth of human ovarian cancer and ovarian surface epithelial cells.** *Endocrinology* 2006, **147**:4179-4191.
- Cai J, Parr C, Watkins G, Jiang WG, Boulton M: **Decreased pigment epithelium-derived factor expression in human breast cancer progression.** *Clin Cancer Res* 2006, **12**:3510-3517.
- Zhou D, Cheng SQ, Ji HF, Wang JS, Xu HT, Zhang GQ, Pang D: **Evaluation of protein pigment epithelium-derived factor (PEDF) and microvessel density (MVD) as prognostic indicators in breast cancer.** *J Cancer Res Clin Oncol* 2010, **136**:1719-1727.
- Pink JJ, Jordan VC: **Models of estrogen receptor regulation by estrogens and antiestrogens in breast cancer cell lines.** *Cancer Res* 1996, **56**:2321-2330.
- Jiang SY, Wolf DM, Yingling JM, Chang C, Jordan VC: **An estrogen receptor positive MCF-7 clone that is resistant to antiestrogens and estradiol.** *Mol Cell Endocrinol* 1992, **90**:77-86.
- Lewis JS, Meeke K, Osipo C, Ross EA, Kidawi N, Li T, Bell E, Chandel NS, Jordan VC: **Intrinsic mechanism of estradiol-induced apoptosis in breast cancer cells resistant to estrogen deprivation.** *J Natl Cancer Inst* 2005, **97**:1746-1759.
- Lewis-Wambi JS, Kim HR, Wambi C, Patel R, Pyle JR, Klein-Szanto AJ, Jordan VC: **Buthionine sulfoximine sensitizes antihormone-resistant human breast cancer cells to estrogen-induced apoptosis.** *Breast Cancer Res* 2008, **10**:R104.
- Pink JJ, Jiang SY, Fritsch M, Jordan VC: **An estrogen-independent MCF-7 breast cancer cell line which contains a novel 80-kilodalton estrogen receptor-related protein.** *Cancer Res* 1995, **55**:2583-2590.
- Lewis-Wambi JS, Kim H, Curpan R, Grigg R, Sarker MA, Jordan VC: **The selective estrogen receptor modulator bazedoxifene inhibits hormone-independent breast cancer cell growth and down-regulates estrogen receptor alpha and cyclin D₁.** *Mol Pharmacol* 2011, **80**:610-620.
- Pink JJ, Bilimoria MM, Assikis J, Jordan VC: **Irreversible loss of the oestrogen receptor in T47D breast cancer cells following prolonged oestrogen deprivation.** *Br J Cancer* 1996, **74**:1227-1236.
- Lasfargues EY, Coutinho WG, Redfield ES: **Isolation of two human tumor epithelial cell lines from solid breast carcinomas.** *J Natl Cancer Inst* 1978, **61**:967-978.
- Lewis JS, Osipo C, Meeke K, Jordan VC: **Estrogen-induced apoptosis in a breast cancer model resistant to long-term estrogen withdrawal.** *J Steroid Biochem Mol Biol* 2005, **94**:131-141.
- Lewis-Wambi JS, Cunliffe HE, Kim HR, Willis AL, Jordan VC: **Overexpression of CEACAM6 promotes migration and invasion of oestrogen-deprived breast cancer cells.** *Eur J Cancer* 2008, **44**:1770-1779.
- Arpino G, Gutierrez C, Weiss H, Rimawi M, Massarweh S, Bharwani L, De Placido S, Osborne CK, Schiff R: **Treatment of human epidermal growth**

- factor receptor 2-overexpressing breast cancer xenografts with multiagent HER-targeted therapy. *J Natl Cancer Inst* 2007, **99**:694-705.
37. Gutierrez MC, Detre S, Johnston S, Mohsin SK, Shou J, Allred DC, Schiff R, Osborne CK, Dowsett M: Molecular changes in tamoxifen-resistant breast cancer: relationship between estrogen receptor, HER-2, and p38 mitogen-activated protein kinase. *J Clin Oncol* 2005, **23**:2469-2476.
 38. Schiff R, Massarweh S, Shou J, Osborne CK: Breast cancer endocrine resistance: how growth factor signaling and estrogen receptor coregulators modulate response. *Clin Cancer Res* 2003, **9**:4475-4545.
 39. Dowsett M: Overexpression of HER-2 as a resistance mechanism to hormonal therapy for breast cancer. *Endocr Relat Cancer* 2001, **8**:191-195.
 40. Nicholson RI, Hutcheson IR, Harper ME, Knowlden JM, Barrow D, McClelland RA, Jones HE, Wakeling AE, Gee JM: Modulation of epidermal growth factor receptor in endocrine-resistant, oestrogen receptor-positive breast cancer. *Endocr Relat Cancer* 2001, **8**:175-182.
 41. Song RX, Mor G, Naftolin F, McPherson RA, Song J, Zhang Z, Yue W, Wang J, Santen RJ: Effect of long-term estrogen deprivation on apoptotic responses of breast cancer cells to 17beta-estradiol. *J Natl Cancer Inst* 2001, **93**:1714-1723.
 42. Ariazi EA, Cunliffe HE, Lewis-Wambi JS, Slifker MJ, Willis AL, Ramos P, Tapia C, Kim HR, Yerrum S, Sharma CG, Nicolas E, Balagurunathan Y, Ross EA, Jordan VC: Estrogen induces apoptosis in estrogen deprivation-resistant breast cancer through stress responses as identified by global gene expression across time. *Proc Natl Acad Sci USA* 2011, **108**:18879-18886.
 43. Boulay A, Breuleux M, Stephan C, Fux C, Brisken C, Fiche M, Wartmann M, Stumm M, Lane HA, Hynes NE: The Ret receptor tyrosine kinase pathway functionally interacts with the ERα pathway in breast cancer. *Cancer Res* 2008, **68**:3743-3751.
 44. Essegir S, Todd SK, Hunt T, Poulsom R, Plaza-Menacho I, Reis-Filho JS, Isacke CM: A role for glial cell derived neurotrophic factor induced expression by inflammatory cytokines and RET/GFR alpha 1 receptor up-regulation in breast cancer. *Cancer Res* 2007, **67**:11732-11741.
 45. Plaza-Menacho I, Morandi A, Robertson D, Pancholi S, Drury S, Dowsett M, Martin LA, Isacke CM: Targeting the receptor tyrosine kinase RET sensitizes breast cancer cells to tamoxifen treatment and reveals a role for RET in endocrine resistance. *Oncogene* 2010, **29**:4648-4657.
 46. Osborne CK, Schiff R: Mechanisms of endocrine resistance in breast cancer. *Annu Rev Med* 2011, **62**:233-247.
 47. Osborne CK, Shou J, Massarweh S, Schiff R: Crosstalk between estrogen receptor and growth factor receptor pathways as a cause for endocrine therapy resistance in breast cancer. *Clin Cancer Res* 2005, **11**:865s-870s.
 48. Hoshina D, Abe R, Yamagishi SI, Shimizu H: The role of PEDF in tumor growth and metastasis. *Curr Mol Med* 2010, **10**:292-295.
 49. Abe R, Fujita Y, Yamagishi S, Shimizu H: Pigment epithelium-derived factor prevents melanoma growth via angiogenesis inhibition. *Curr Pharm Des* 2008, **14**:3802-3809.
 50. Becerra SP: Focus on molecules: pigment epithelium-derived factor (PEDF). *Exp Eye Res* 2006, **82**:739-740.
 51. Liu H, Ren JG, Cooper WL, Hawkins CE, Cowan MR, Tong PY: Identification of the antivasopermeability effect of pigment epithelium-derived factor and its active site. *Proc Natl Acad Sci USA* 2004, **101**:6605-6610.
 52. Hase R, Miyamoto M, Uehara H, Kadoya M, Ebihara Y, Murakami Y, Takahashi R, Mega S, Li L, Shichinohe T, Kawarada Y, Kondo S: Pigment epithelium-derived factor gene therapy inhibits human pancreatic cancer in mice. *Clin Cancer Res* 2005, **11**:8737-8744.
 53. Wang L, Schmitz V, Perez-Medavilla A, Izal I, Prieto J, Qian C: Suppression of angiogenesis and tumor growth by adenoviral-mediated gene transfer of pigment epithelium-derived factor. *Mol Ther* 2003, **8**:72-79.
 54. Konson A, Pradeep S, D'Acunio CW, Seger R: Pigment epithelium-derived factor and its phosphomimetic mutant induce JNK-dependent apoptosis and p38-mediated migration arrest. *J Biol Chem* 2011, **286**:3540-3551.
 55. Konson A, Pradeep S, Seger R: Phosphomimetic mutants of pigment epithelium-derived factor with enhanced antiangiogenic activity as potent anticancer agents. *Cancer Res* 2010, **70**:6247-6257.
 56. Bernard A, Gao-Li J, Franco CA, Bouceba T, Huet A, Li Z: Laminin receptor involvement in the anti-angiogenic activity of pigment epithelium-derived factor. *J Biol Chem* 2009, **284**:10480-10490.
 57. Alberdi E, Hyde CC, Becerra SP: Pigment epithelium-derived factor (PEDF) binds to glycosaminoglycans: analysis of the binding site. *Biochemistry* 1998, **37**:10643-10652.
 58. Notari L, Baladron V, Aroca-Aguilar JD, Balko N, Heredia R, Meyer C, Notario PM, Saravanamuthu S, Nueda ML, Sanchez-Sanchez F, Escibano J, Laborda J, Becerra SP: Identification of a lipase-linked cell membrane receptor for pigment epithelium-derived factor. *J Biol Chem* 2006, **281**:38022-38037.
 59. Arighi E, Borrello MG, Sariola H: RET tyrosine kinase signaling in development and cancer. *Cytokine Growth Factor Rev* 2005, **16**:441-467.
 60. Ichihara M, Murakumo Y, Takahashi M: RET and neuroendocrine tumors. *Cancer Lett* 2004, **204**:197-211.
 61. Drosten M, Putzer BM: Mechanisms of disease: cancer targeting and the impact of oncogenic RET for medullary thyroid carcinoma therapy. *Nat Clin Pract Oncol* 2006, **3**:564-574.
 62. Takaya K, Yoshimasa T, Arai H, Tamura N, Miyamoto Y, Itoh H, Nakao K: Expression of the RET proto-oncogene in normal human tissues, pheochromocytomas, and other tumors of neural crest origin. *J Mol Med (Berl)* 1996, **74**:617-621.
 63. Airaksinen MS, Saarma M: The GDNF family: signalling, biological functions and therapeutic value. *Nat Rev Neurosci* 2002, **3**:383-394.
 64. Morandi A, Plaza-Menacho I, Isacke CM: RET in breast cancer: functional and therapeutic implications. *Trends Mol Med* 2011, **17**:149-157.
 65. Boulay A, Rudloff J, Ye J, Zumstein-Mecker S, O'Reilly T, Evans DB, Chen S, Lane HA: Dual inhibition of mTOR and estrogen receptor signaling in vitro induces cell death in models of breast cancer. *Clin Cancer Res* 2005, **11**:5319-5328.

doi:10.1186/bcr3356

Cite this article as: Jan et al.: Loss of pigment epithelium-derived factor: a novel mechanism for the development of endocrine resistance in breast cancer. *Breast Cancer Research* 2012 **14**:R146.

Submit your next manuscript to BioMed Central and take full advantage of:

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at
www.biomedcentral.com/submit

